

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000087457

1. Corporation Name

GIOVANNONE REALTY CORP.

Principal Place of Business

2727 S. OCEAN BLVD., #802
HIGHLAND BCH FL 33487

Mailing Address

2727 S. OCEAN BLVD., #802
HIGHLAND BCH FL 33487

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/2000

5. FEI Number

14-1466584

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GIOVANNONE, FRANK A	2727 S. OCEAN BLVD., #802	HIGHLAND BCH FL 33487
STD	GIOVANNONE, JOAN A	2727 S. OCEAN BLVD., #802	HIGHLAND BCH FL 33487

000004674720--0
-11/13/01--01004--011
***150.00 ***150.00

01482 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERRY, MARK A
2727 S. OCEAN BLVD., #802
HIGHLAND BCH FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

50 S.E. 4TH AVE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33483

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/22/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/15/01

Daytime Phone #

CP2E040 (8/01)

APC 2012

GIOVANNONE REALTY CORP.
2727 S. Ocean Blvd., #802
Highland Beach, FL 33487

October 15, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Giovannone Realty Corp.
Application for Reinstatement

Dear Department of State:

Enclosed please find the Application for Reinstatement for the above-captioned corporation. Also enclosed is our filing fee in the amount of \$150.00. Please note that we do not have a record of receiving the Annual Report form. Therefore, pursuant to instructions from your office, we are forwarding the Application for Reinstatement together with the regular filing fee.

Should you have any questions, or wish to discuss this further, please feel free to contact this office.

Sincerely,


FRANK A. GIOVANNONE
President

Encs.