

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000101796

1. Corporation Name

PHILLIP GRAMOLINI, INC.

000037432750  
05/28/04--01049--026 \*\*450.00

2. Principal Office Address

9893 CLEAR LAKE CIR

Suite, Apt. #, etc.

3. Mailing Office Address

9893 CLEAR LAKE CIR

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34109

Country

US

City & State

NAPLES FL

Zip

34109

Country

US

REINSTATEMENT 02-04

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/00

5. FEI Number

59-3677897

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

SOUTHWEST PROFESSIONAL SERVICES OF SO. FL INC

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

13521 MCGREGOR BLVD #22

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33919

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature] PRES

Date 5/14/04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>DPS</u>	<u>PHILLIP GRAMOLINI</u>	<u>210 1st ST</u>	<u>BONITA SPRINGS FL 34134</u>
<u>VP</u>	<u>JOHN TOSTO</u>	<u>9893 CLEAR LAKE CIR</u>	<u>NAPLES FL 34109</u>

10. 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

5/14/04

Daytime Phone #

CR2E081 (01/04)

May 14, 2004

Phillip Gramolini, Inc.  
9893 Clear Lake Cir  
Naples FL 34109

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

RE: Reinstatement of corporation  
Phillip Gramolini, Inc.  
P00000101796

Enclosed please find a check for \$450 for the annual renewal fees for 2002, 2003 and 2004. We moved our corporate offices and did not receive the annual renewal notices.

If you have any questions, please let us know.

Thank you,



Phillip Gramolini, Pres.