

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR -3 PM 3:33

SECRET  
TALLAHASSEE, FLA

DOCUMENT # P00000107412

1. Corporation Name

Ciavatto Development Corp.

~~XXXX~~

300067947363  
03/16/06--01008--003 \*\*908.75

REINSTATEMENT 01-06  
CR2E081 (12/05)

2. Principal Office Address

2201 Sheridan St.

3. Mailing Office Address

Same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, Fl.

City & State

Zip

Country

33020 Broward

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/00

5. FEI Number

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

Dominic Ciavatto

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

2201 Sheridan St.

Suite, Apt. #, Etc.

City

Hollywood Fl.

State

FL

Zip Code

33020

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

*Dominic L. Ciavatto*

Date

3/2/06.

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
D/P	Dominic Ciavatto	2201 Sheridan St.	Hollywood, Fl. 33020

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 contained in Chapter 119, 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:

*Dominic L. Ciavatto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/06.

Daytime Phone #

954-922-8163

3/2/06

2082

Att: Division of Corps.

Doc# P00000107412

Please be advised that  
we did not receive our  
2001, 2002, 2003, 2004,  
2005 & 2006 Annual Reports.  
Please reinstate and issue  
CGS.

X Dominic L. Cavatto PRES

~~Director, President~~