

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 AUG 14 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110959

1. Corporation Name

Pablo Croce, Inc.

2. Principal Office Address

7601 E. Treasurer Drive

3. Mailing Office Address

7601 E. Treasurer Drive

Suite, Apt. #, etc.

Unit 710

Suite, Apt. #, etc.

Unit 710

City & State

North Bay Village, FL

City & State

North Bay Village, FL

Zip

33414

Country

US

Zip

33414

Country

US

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1059035

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

Pablo Croce

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

7601 E. Treasurer Drive

Suite, Apt. #, Etc.

Unit 710

City

North Bay Village, FL

State

FL

Zip Code

33414

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

REGISTERED AGENT MUST SIGN

Date

8/9/06

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
P,D	Pablo Croce	7601 E. Treasurer Drive #710	North Bay Village, FL33414

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/9/06

Daytime Phone #

(351) 631-8700

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**PABLO CROCE, INC.
7601 E TREASURER DRIVE
SUITE 710
NORTH BAY VILLAGE, FL 33414**

August 9, 2006

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

**TAXPAYER: PABLO CROCE, INC.
DOC. NO.: P00000110959
FORM: APPLICATION FOR REINSTATEMENT
PERIOD: 2004 TO 2006**

Gentlemen / Mesdames:

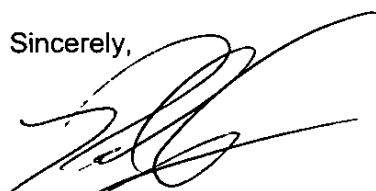
I am writing to you regarding the penalties imposed as a result of the late filling of the 2004 Uniform Business Report. Foremost, please note that it was not my willful neglect or intent to not timely pay and file the Corporate Annual Report but simply a result of the facts stated below.

During the middle of 2003 I moved business locations. As a result of the address change, I had all of my mail forwarded by the Post Office to the new address. During this change it seems that the original copy of the Report was never forwarded to the new address. It was not until this past week when I was contacted by my bank that I realized that the annual report was never filed. Therefore, please up-date your records accordingly to reflect the correct address as **"7601 E. Treasurer Drive, Suite 710, North Bay Village, FL 33414"**.

In light of the above facts, I respectfully request the abatement of all penalties. In addition, enclosed please find a check for \$450, which represents the annual fee for 2004, 2005 and 2006.

Please do not hesitate to contact me should you have any questions.

Sincerely,



Pablo Croce, President

Enclosures