

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PH 6:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113668

1. Corporation Name

JOSEPH MAMONE & SONS, INC.

Principal Place of Business

Mailing Address

7245 DAVIT CIR
LAKEWORTH FL 33462



Joseph Mamone
2371 49th Drive N.
West Palm Beach FL
33417

33462

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

2. New Principal Office Address, If Applicable

2371 49th Drive N

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2371 49th Drive N

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2000

5. FEI Number

65-1061744

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
West Palm Beach FL

Zip
33417

Country
Palm Beach

City & State
West Palm Beach FL

Zip
33417

Country
Palm Beach

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MAMONE, JOSEPH	7245 DAVIT CIR 2371 49th Drive N	LAKEWORTH FL 33462 West Palm Beach FL 33417
D	MAMONE, BARBARA	7245 DAVIT CIR	LAKEWORTH FL 33462 Delete

600009012506
11/15/02--01006--010 **750.00

8. Name and Address of Current Registered Agent

MAMONE, JOSEPH
7245 DAVIT CIR
LAKEWORTH FL 33462

9. Name and Address of New Registered Agent

Name
Joseph Mamone
Street Address (P.O. Box Number is Not Acceptable)
2371 49th Drive N
Suite, Apt. #, Etc.

City
West Palm Beach
State
FL
Zip Code
33417

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. or 617.0505, F.S.

Signature of
Registered Agent

Joseph Mamone
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-10-2002

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:

Joseph Mamone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561
11-10-02 616 9253
Date Daytime Phone #

CR2040 (8/02)