

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 15 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-06000116049

1. Corporation Name

~~THE~~ CANCELLA ENTERPRISES, INC

2. Principal Office Address

250 N. Lake Dr

Mailing Office Address

3233 BENICIA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES

FL

City & State

Zip

34109

Country

COILLER

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/00

5. FEI Number

593691992

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

PETER T FLOOD

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

125 N. AIRPORT RD

Suite, Apt. #, Etc.

#202

City

NAPLES

State

FL

Zip Code

34104

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

Peter T. Flood
REGISTERED AGENT MUST SIGN

Date

5-14-04

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
PRESIDENT	JANET S CANCELLA	<u>250 N. Lake Dr</u> <u>3233 BENICIA CT</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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet S Cancellla

5/14/04
Date

239 272 8905
Daytime Phone #

CR2E081 (10/02)

5/19/04

2 of 2

Dear Division of Corporations,

This is the second letter I have written. I have never received a renewal form in 2003 or 2004. Please take in consideration, that I have paid continuously my corporation fees and I have minutes and legal documentation with Mr. Peter Hood. I do not think it fair to be ^{charged} ~~renewal~~ fees. I sent a check which you returned to the 2003 & 2004. Please let me know what you want me to do.

Sincerely

Janet S. Cuccella
President.

239 272 8905

6/14/04

Enclosed is the "300" check you requested.

Please note address change as of 6/17/04