

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P01000023029

1. Corporation Name

OUT OF FLORIDA, INC.

Principal Place of Business

7320 CONE SHELL DRIVE  
SPRING HILL FL 34607

Mailing Address

7320 CONE SHELL DRIVE  
SPRING HILL FL 34607

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/26/2001

5. FEI Number

59-3718924

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CAGGIANO, SHEILA K	7320 CONE SHELL DRIVE	SPRING HILL FL 34607

400008868834  
11/07/02--01057--016 \*\*150.00

8. Name and Address of Current Registered Agent

CAGGIANO, SHEILA K  
7320 CONE SHELL DRIVE  
SPRING HILL FL 34607

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED  
SHEILA K. CAGGIANO  
REGISTERED AGENT MUST SIGN

Date 10-28-02

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.

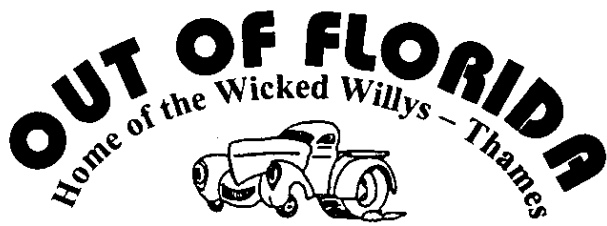
SIGNATURE:

SIGNATURE REQUIRED  
SHEILA K. CAGGIANO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-02

Daytime Phone #



Zeel 2

Nurmi & Sheila Caggiano

October 28, 2002

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

To Whom it May Concern:

I am in receipt of the Application for Reinstatement for our corporation. I was not aware that we needed to file something to keep our corporation going. This is the first year that would require filing.

As a matter of fact, I had to call our Al Torrence, Attorney, New Port Richey, Fl. to tell me what this form was.

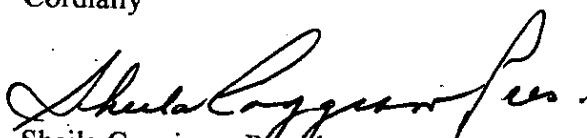
I am so sorry that I was not aware of the filing because I never received the first form that you refer to.

Our corporation lost \$35,000 last year. As you can tell, we are a small corporation trying to survive after September 11, 2001. We lost a lot of orders because people were holding on to their money.

I cannot afford to pay \$750.00 for reinstatement. I am enclosing the \$150.00 fee for this year.

Please allow us this one error since it was our first year and we never got the other form. Because it was our first year, I did not know to look for one in the mail.

Cordially

  
Sheila Caggiano, President  
Out of Florida, Inc.