

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 21 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047967

1. Corporation Name

ARTHUR D'AMATO CONSULTING, INC.

Principal Place of Business

8287 BERMUNDA SOUND WAY
BOYNTON BEACH FL 33436

Mailing Address

8287 BERMUNDA SOUND WAY
BOYNTON BEACH FL 33436

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

06/22/2001

5. FEI Number

65-1119930

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

3

Street Address of Each
Officer and/or Director

City / State / Zip
4

PT

D'AMATO, ARTHUR

8287 BERMUNDA SOUND WAY

BOYNTON BEACH FL 33436

VS

D'AMATO, OFELIA

8287 BERMUNDA SOUND WAY

BOYNTON BEACH FL 33436

800009153998
11/21/02--01092--008 **150.00

8. Name and Address of Current Registered Agent

D'AMATO, ARTHUR
8287 BERMUNDA SOUND WAY
BOYNTON BEACH FL 33436

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

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

ARTHUR D'AMATO
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/1/02

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:

ARTHUR D'AMATO
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/01/02

Daytime Phone #

CR2E040 (8/02)

ARTHUR D'AMATO CONSULTING, INC
8287 BERMUDA SOUND WAY
BOYNTON BEACH, FL 33436

November 1, 2002

Division of Corporations
Annual Report
Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Document # P01000047967
EIN# 65-1119930

Dear Sirs:

As per your instructions enclosed please find a check for \$ 150.00 to cover the cost of the annual fee. Please be advised that we never received the first notification.

Thank you for your attention in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Arthur D'Amato".

Arthur D'Amato