

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 25 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000066098

1. Corporation Name

BACK II BLACK, INC.

2. Principal Office Address

14324 Paddock Drive

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip Country

33414 USA

3. Mailing Office Address

14324 Paddock Drive

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip Country

33414 USA

REINSTATEMENT

700023577167
10/06/03--01016--003 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/5/01

5. FEI Number

☒ 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

Margaret E. Giliberti

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

14324 Paddock Drive

Suite, Apt. #, Etc.

City

Wellington

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

Margaret E. Giliberti
REGISTERED AGENT MUST SIGN

Date 9-24-03

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/S/ T/D	Margaret E. Giliberti	14324 Paddock Drive	Wellington, FL 33414
V	Niki Ann Giliberti	29 Bronson Road	Poughquag, NY 12570

0. 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)(l), 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:

Margaret E. Giliberti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/Director

9-24-03

Date

(561) 753-6959

Daytime Phone #

9/25

14324 Paddock Drive
Wellington, FL 33414

September 24, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Via: Courier Service

RE: Back II Black, Inc.


Dear Sir/Madam:

Enclosed please find my application for reinstatement of the above-referenced corporation, along with payment of \$300.00.

I am requesting you waive the reinstatement fee of \$600.00. I have just learned the corporation was administratively dissolved due to no annual business reports being filed. The incorporator, Putnam Texel, who is no longer involved in this corporation advised me she had never received an annual report. I had no knowledge whatsoever, until now, that the annual business reports were not filed.

Should you have any questions, please feel free to contact me at 561-753-6959.

Sincerely,


Margaret E. Giliberti

enclosures