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		ORIO,INC					03 NOV -5 AP	111:41		
Principal Place of Business 1439 REGINA DR. W.			Mailing Address 1439 REGINA DR. W.		900 WE 17	\dashv	SECRETARY OF TALLAHASSEE	STATE FLORIDA		
LARGO FL 33			LARGO FL 33770					.		
2. Principal Place of Business 1616 Gulf to Bay Blud 1616 Gulf to P					4 Blud.		IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
Suite, Apt D.	=		Suite, Apt. #, etc. D.				REINSTATEM	L VH NGES)3	
City & Sta			City & State //earwafer F1.			4. F	59-3728350 -	No	oplied For ot Applicable	
Zip .337	33755 U.S.A.		33755			<u> </u>	ertificate of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent Name						7. Na	ame and Address of New Register	ed Agent		
DIGREGORIO, MARY M						ss (P.O. Box Number is Not Acceptable)				
LARGO FL 33770						· ·				
City						FL Zip Code				
8. The above the obliga	e named entity tions of regist	y submits this statement for pred agent.	the purpose of changing its	s registered	office or regis	tered age	nt, or both, in the State of Florida. I	am familiar with,	and accept	
SIGNATURE Adouted to printed name of registered agent and title if applicable. (NOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable.										
			(10	·	3071201040	The state of the s	y Dr.	<u> </u>		
Afte	! .FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of !	State				S. Election Campaign Financing Trust Fund Contribution.	_ ~~.~	O-May Be —		
10.		OFFICERS AND D	. 1	11.		ADD	DITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11	
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NAME	DIGREGORIO, ADOLPH E 1439 REGINA DR. W.		NAN		. 40005500			Change		
STREET ADDRESS CITY-ST-ZIP	LARGO FL	NA DH. W. . 33770		CITY-S	ADDRESS		. <u> </u>		• "	
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TITLE NAME			☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	1			STREET	ADDRESS				1	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

727-461-3001

Mary M. DiGregorio Inc.

1616 Gulf to Bay Blvd.Suite D. Clearwater, Fl. 33755 Phone (727) 461-3001 Fax (866) 447-4211

November 3, 2003

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

SUBJECT: MARY M. DIGREGORIO, INC

Ref. Number: PO1000075650

Dear Mr. Toner,

Please reconsider my reinstatement for my corporation. On Oct. 14,2003 I received a 2003 For Profit Corporation Uniform Business report (UBR). The first thing I did was call my accountant and ask him if he sent the paper work in to the state department. I paid him to do so. He said that he did not. The next thing I did was call the Division of Corporations I spoke to an associate she said to send a letter saying what happened. And a check for \$150.00. I did that on Oct.16, 2003 In Sept.2003 I was still a corporation I had no idea that that anything was wrong. I did respond as soon as I was aware of any problem.

On Nov. 03,2003 we spoke on the phone here is the letter that you requested. No I did not receive any prior notice.

Sincerely,
Mary M. Di Green Kill