

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 DEC 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000 84782

1. Corporation Name

J.D. Gilberti & Associates, Inc.

2. Principal Office Address

6680 Crestridge loop

Suite, Apt. #, etc.

#1512

City & State

Fort Myers, FL

Zip

33912

Country

U.S.A.

3. Mailing Office Address

6680 Crestridge loop

Suite, Apt. #, etc.

#1512

City & State

Fort Myers, FL

Zip

33912

Country

U.S.A.

REINSTATEMENT 03-21

4. Date Incorporated or Qualified
To Do Business in Florida

8/28/01

5. FEI Number

65-1133339

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

Joseph D. Gilberti

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

6680 Crestridge loop

Suite, Apt. #, Etc.

#1512

City

Fort Myers

State

FL

Zip Code

33912

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/4/04

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 |
|--------|--------------------------------------|---|----------------------|
| PSTD | Joseph Gilberti | 6680 Crestridge loop #1512 | Fort Myers, FL 33912 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

[Signature]

Date

12/4/04

Daytime Phone #

239-822-7407