

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P01000094786

1. Corporation Name

Americo Borza, Chartered

2. Principal Office Address

2105 McIntosh

Suite, Apt. #, etc.

3. Mailing Office Address

2105 McIntosh

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34232

Country

USA

Zip

34232

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

September 27, 2001

5. FEI Number

65-1154633

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

Americo Borza

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

2105 McIntosh Rd.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

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

REGISTERED AGENT MUST SIGN

Date

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
President	Americo Borza	2105 McIntosh Road SARASOTA, FL 34232	SARASOTA, FL 34232

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

Oct. 22, 2002 941-955-4048

Date

Daytime Phone #

FILED

02 OCT 28 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008636540
10/28/02--01122--007 **150.00

CR2E081 (9/01)

**Law Offices
Americo Borza, Chartered
4046 Sawyer Rd.
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**Americo Borza, Esq.
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Audra Stalo**

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October 22, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

Enclosed please find a completed Corporate Reinstatement form and a check for \$150.00. My office called in regards to not receiving our Reinstatement Application. We were told to download the corporate reinstatement form from the Internet, attach a letter stating that we did not receive it and send \$150.00. Well, we did not receive the form in the mail. Enclosed please find the form, the letter, and a check for \$150.00.

Please process the appropriate paperwork to ensure that our Corporation is in good standing once again. If there is anything else my office can do to be of assistance please contact us.

Thank you,

Americo Borza

