

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000105105**

1. Corporation Name

ANTHONY DEFALCO ENTERPRISES, INC.

Principal Place of Business

**6106 ROGER STREET
JUPITER FL 33458**

Mailing Address

**6106 ROGER STREET
JUPITER FL 33458**

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

10/29/2001

5. FEI Number

65-149-655

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	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DEFALCO, ANTHONY	6106 ROGER STREET	JUPITER FL 33458
D	DEFALCO, MICHAEL	6106 ROGER STREET	JUPITER FL 33458

600008565206
10/24/02--01037--014 **150.00

8. Name and Address of Current Registered Agent

**BEACHAM, HORACE E
249 PERUVIAN AVENUE
PALM BEACH FL 33480**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY DEFALCO 10/21/02 '561

Date

Daytime Phone #

CR2E040 (8/02)

A. DeFALCO ENT. IINC.
lic. # CBC 060549

6106 Roger Street
Jupiter Florida 33458

Ofc 561-624-2497
Fax 561-799-0616

10/21/02
FLORIDA DEPARTMENT OF STAT
RE: CORPORATION REINSTATEMENT
ATT. JIM SMITH

Dear Mr. Smith

We did not receive the uniform Business Report and our Attorney did not receive a copy either

So as with the advice of your office we are requesting a waive of the penalty Fees.

Thank-You very much for your help in this matter

Anthony DeFalco Ent. Inc

