

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 10 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000105105

1. Corporation Name

Anthony De Falco Enterprises, INC.

REINSTATEMENT

03

2. Principal Office Address

6106 Roger ST.

3. Mailing Office Address

6106 Roger ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter FL

Zip

33458

Country

USA

Zip

33458

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2000

5. FEI Number

65-1149655

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

Beacham, Horace E

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

249 Peruvian Ave

Suite, Apt. #, Etc.

City

PAIM BEACH

State
FL

Zip Code

33480

MRS

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

Anthony De Falco (Anthony DeFalco)

REGISTERED AGENT MUST SIGN

Date 11/14/03

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
D	DeFalco, Anthony	6106 Roger ST	Jupiter, FL 33458
D	DeFalco, Anthony	6106 Roger ST	Jupiter, FL 33458

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)(j), 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:

Anthony De Falco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/03

Date

954-834-0505

Daytime Phone #

Anthony DeFalco

CR2001 (10/02)

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Nov. 14th, 2003

Re; Anthony DeFalco Enterprises, Inc.
FEI# 65-1149655
6106 Roger Street
Jupiter, Fl. 33480

To Whom It May Concern, Please be advised that we never received our 2003 Uniform Business Report. I respectfully request that you waive the penalty for non-filing and to reinstate us to active status.

Thank You

Anthony DeFalco
Officer and Director

A handwritten signature in cursive script, appearing to read "Anthony DeFalco", written in black ink.