

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113414

1. Corporation Name

F AND I ACCOUNT DEVELOPMENT, INC.

2. Principal Office Address

7220 SW 97 PL

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

Zip

34476-7-7092

Country

MARION

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2001

5. FEI Number

59-3759183

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐11/25/02 Initial Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTHONY PETRUZZELLI

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

7220 SW 97 PL

Suite, Apt. #, Etc.

City

OCALA

State
FL

Zip Code

34476-7092

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, 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)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T/D	ANTHONY PETRUZZELLI	7220 SW 97 PL	OCALA FL 34476-7092

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 807 or 817, 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 807.0401 or 817.0401, 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

ANTHONY PETRUZZELLI

781-248-3726

Date

Daytime Phone #

js 11/12/02

F AND I ACCOUNT DEVELOPMENT, INC.

7220 S. W. 97th Place
Ocala, FL 34476-7092

Telephone (781) 248-3726

October 25, 2002

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

RE: F AND I ACCOUNT DEVELOPMENT, INC.
Document No. P01000113414

Gentlemen:

I have just received a notice that the subject corporation has been administratively dissolved for failure to file an annual report. This is the first notification I have received that an annual report was due. I received no other notices that an annual report was to be filed.

Enclosed is Corporation Reinstatement form together with my check for \$150.00.

I respectfully request waiver of the reinstatement fees.

Very truly yours,


Anthony Petruzzelli

Enclosures