

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000019315

1. Corporation Name

JOHN LABUTTI & CO., INC.

Principal Place of Business

Mailing Address

~~10 PARK AVE~~  
ST AUGUSTINE FL 32084

~~10 PARK AVE~~  
ST AUGUSTINE FL 32084

REINSTATEMENT 03



700023986297

10/21/03--01140--023 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

ST. AUGUSTINE, FL

ST. AUGUSTINE, FL

Zip

Country

Zip

Country

32084

U.S.A.

32084

U.S.A.

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	LABUTTI, JOHN	<del>10 PARK AVE</del>	ST AUGUSTINE FL 32084
		7 HILDRETH DR.	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LABUTTI, JOHN

~~10 PARK AVE~~

ST AUGUSTINE FL 32084

Name

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

7 HILDRETH DR.

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

10/15/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 (904) 814-2650

CR2E040 (7/03)

TO WHOM IT MAY CONCERN-

I AM WRITING THIS LETTER TO ADVISE  
YOU THAT PRIOR U.B.R. NOTICES WERE  
NOT RECEIVED. CHANGE OF ADDRESS IS  
NOTED ON THE ENCLOSED APPLICATION FOR  
REINSTATEMENT. I APOLOGISE FOR ANY  
INCONVENIENCE.

THANK YOU,  
JOHN LABUTTI  
JOHN LABUTTI & CO. INC.

Registered Agent AND  
DIRECTOR

T. HILDRETH DR.  
ST. AUGUSTINE, FL  
32084  
(904) 814-2650  
(904) 825-4709