

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000057018**

1. Corporation Name

DANIELLE AND LA DUCA, INC.

Principal Place of Business

Mailing Address

1743 OPEN FIELD LOOP
BRANDON FL 33510

1743 OPEN FIELD LOOP
BRANDON FL 33510

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

REINSTATEMENT 03



700025256357
12/05/03--01040--024 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2002

5. FEI Number

90 000 9404

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	PICCIUTO, DANIELLE	1743 OPEN FIELD LOOP	BRANDON FL 33510
D	LA DUCA, CHARLES	1743 OPEN FIELD LOOP	BRANDON FL 33510

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PICCIUTO, DANIELLE
1743 OPEN FIELD LOOP
BRANDON FL 33510

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

Danielle Picciuto

Date 12-01-03

REGISTERED AGENT MUST SIGN

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 #

12-14-03

CR2ED40 (7/03)

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

December 1, 2003

To Whom It May Concern:

I have never received any notices (Document # P02000057018) and would like to have the reinstatement fee waived, please. Enclosed is a check for \$150.00 for our application fee.

Thank you,

A handwritten signature in cursive script, reading "Danielle R. Picciuto". The signature is written in dark ink and is positioned above the printed name and company name.

Danielle R. Picciuto
Danielle and La Duca, Inc.