

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 18 PM 2:08

DOCUMENT # P02000058047

1. Corporation Name

NANTONE DEVELOPMENT & MANAGEMENT CO, INC.
DOCUMENT # P02000058047

W05-11029

04-28-03 90977 033 \$150.00

2. Principal Office Address
3685 N FEDERAL HWY

3. Mailing Office Address
3685 N FEDERAL HWY

REINSTATEMENT 03-05

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT PIERCE, FL

City & State
FT PIERCE, FL

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

☒ Not Applicable

Zip
34946

Country
USA

Zip
34946

Country
USA

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ANTHONY F D'AMICO

Street Address (P.O. Box Number is Not Acceptable)
1420 19TH AVE SW

Suite, Apt. #, Etc.

City
VERO BEACH

State
FL

Zip Code
32962

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/24/05

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
PD	ANTHONY F D'AMICO	1420 19TH AVE SW	VERO BEACH, FL 32962
STD	NANCY D D'AMICO	1420 19TH AVE SW	VERO BEACH, FL 32962

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03/25/05--01003--025 **1058.75

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)(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]

ANTHONY F D'AMICO

2/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)