

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 29 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000675137

1. Corporation Name

Joseph P. Raineri, P.A.

000031346810
03/29/04--01070--004 **308.75

2. Principal Office Address

15783 Cypress Park Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

15783 Cypress Park Dr.

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

U.S.A

City & State

Wellington, FL

Zip

33414

Country

U.S.A

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7/02

5. FEI Number

01-0725635

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

JOSEPH P. RAINERI

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

15783 CYPRESS PARK DRIVE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

3/25/04

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
P	JOSEPH P. RAINERI	15783 CYPRESS PARK DR. WELLINGTON, FL 33414	

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]

JOSEPH P. RAINERI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/04

Daytime Phone #

954-557-5311

CR2081 (01/04)

B

2082

Joseph P. Raineri P.A

March 25, 2004

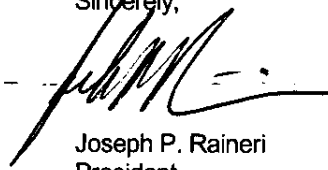
RE:Reinstatement

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

Dear Department of State Division of Corporations,

Please be advised that because my address was recorded wrong by the State I was unable to receive the annual report and therefore it was returned to you. I have filled out the reinstatement form along with the \$300.00. Please note the correct address for my corporation. Thank you for cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. P. Raineri', with a horizontal line extending to the right.

Joseph P. Raineri
President