

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 17 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



200023910252

10/17/03--01072--008 **158.75

DOCUMENT # P02000078010

1. Corporation Name

DIORIO & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3894 TAMPA ROAD
OLDSMAR FL 34677
US

3894 TAMPA ROAD
OLDSMAR FL 34677
US

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

3894 TAMPA ROAD

3894 TAMPA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE D

SUITE D

City & State

City & State

OLDSMAR, FL

OLDSMAR, FL

Zip

Zip

34677

34677

Country

Country

USA

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/2002

5. FEI Number

22-3861707

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
P/D	DIORIO, MICHAEL	1194 MISTWOOD DRIVE	TARPON SPRINGS FL 34689

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIORIO, MICHAEL
3894 TAMPA ROAD
OLDSMAR FL 34677

Name

DIORIO, MICHAEL

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

3894 TAMPA RD

Suite, Apt. #, Etc.

SUITE D

City

OLDSMAR

State

FL

Zip Code

34677

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

Michael C. Diorio

REGISTERED AGENT MUST SIGN

Date 10-8-2003

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:

Michael C. Diorio MICHAEL C. DIORIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-8-2003 (813) 854-6188

Daytime Phone #

CR20040 (7/03)

October 10, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom It May Concern:

I am writing to inform you that we did not receive the prior uniform business reports (UBR). After reviewing the application for reinstatement, I realized that our suite # was not listed in the address. Because we do business in a building with multiple suites, we did not receive mail that did not indicate which suite it is intended to go to. To complicate matters, we do business from an office that is owned by another company. Our company name, DiIorio & Associates, is not advertised on the exterior of the building. In the past month we realized this problem was occurring and quickly to actions to remedy the problem.

As this was our first year in business, I was also unaware that such a form (UBR) even existed. If I had known, I would have made sure I received it and filed it in return. Please except my apologies.

Thank you,



Michael C. DiIorio
President / Director
DiIorio & Associates, Inc.