

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 29 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000087831

1. Corporation Name

DEPINTO & ASSOCIATES BLDG. CO.

1827 Trade Center Way  
1827 Trade Center Way

2. Principal Office Address

1827 Trade Center Way

3. Mailing Office Address

1827 Trade Center Way

Suite, Apt. #, etc.

Unit 1

Suite, Apt. #, etc.

Unit 1

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34109

Country

USA

Zip

34109

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

August 14, 2002

5. FEI Number  
82-0559821

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03-04

7. Name and Address of Current Registered Agent

Name

Parrish, White & Lawhon, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
3431 Pine Ridge Road, Suite 101

Suite, Apt. #, Etc.  
Suite 101

City

Naples

State

FL

Zip Code

34109

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

JOHN P. WHITE  
VICE PRESIDENT  
REGISTERED AGENT MUST SIGN

Date 11-16-04

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,S, D	Vito DePinto	1827 Trade Center Way, Unit 1	Naples, Florida 34109

500043049539  
11/29/04--01078--004 \*\*900.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-04

Date

239.566.9505

Daytime Phone #

CR2081 (07/04)