


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

FILED

03 OCT 24 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P020000 88949</u>			
1. Corporation Name <u>D.L. PORRECA INC.</u>			
2. Principal Office Address <u>641 China Berry Circle</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>641 China Berry Circle</u> Suite, Apt. #, etc.	
City & State <u>Davenport FL</u>		City & State <u>Davenport FL</u>	
Zip <u>33837</u>	Country <u>USA</u>	Zip <u>33837</u>	Country <u>USA</u>

10-24-03 01018 007 #15020 03

4. Date Incorporated or Qualified To Do Business in Florida <u>8-30-02</u>	
5. FEI Number <u>11-3665582</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>DOMINIC L. PORRECA</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>641 China Berry Cir</u>	
Suite, Apt. #, Etc.	
City <u>Davenport</u>	State <u>FL</u>
Zip Code <u>33837</u>	

REINSTATEMENT

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 <u>[Signature]</u>	Date <u>10-5-03</u>
REGISTERED AGENT MUST SIGN	

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
<u>President</u>	<u>DOMINIC PORRECA</u>	<u>641 China Berry Circle</u>	<u>Davenport FL 33837</u>

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: <u>[Signature]</u>	<u>DOMINIC PORRECA</u>	Date <u>10-5-03</u>	Daytime Phone # <u>863428644</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E061 (10/02)

183

20F2

D.L. Porreca, Inc.

641 China Berry Circle
Davenport, Fl 33837
863.421.8644

**Florida Department of State
Division of Corporations
P.O. box 6327
Tallahassee, Fl 32314**

**Re: Corporation reinstatement
FEI # 11-3665582**

Dear Sir / Madame:

The above named corporation did not receive annual report notification via mail courier, telephone or fax. We request the reinstatement fee of \$750.00 be waived, as notification was not received prior to the deadline. Enclosed is a check payable to state of Florida in the amount of \$ 150.00 for reinstatement and \$8.75 for certificate of status.

Thanking you in advance for your assistance. Should you have any questions or require any additional information please contact me at the above address or telephone number.

Sincerely,



D. Porreca

**gcp/DP
Enclosures**