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# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P02000089496**

1. Entity Name  
**ASSISI CORP.**



**FILED**  
**06 MAY -4 AM 7:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**


Principal Place of Business      Mailing Address  
**155 OCEAN LANE DR #501**      **155 OCEAN LANE DR #501**  
**KEY BISCAVAYNE, FL 33149**      **KEY BISCAVAYNE, FL 33149**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



**REINSTATEMENT**  
 01312006 REIN-R CR2E098 (11/05) **05-06**

6. Name and Address of Current Registered Agent

**SERVALLI, SUSANNA M**  
**155 OCEAN LANE DR #501**  
**KEY BISCAVAYNE, FL 33149**

4. FEI Number  
**20-0214625**

Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S.; the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PERCOVICH, MARIA S 155 OCEAN LANE DR #501 KEY BISCAVAYNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SERVILLI, SUSANNA M 155 OCEAN LANE DR #501 KEY BISCAVAYNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**600074537506**  
**05/15/06--01003--026 \*\*300.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *S. Servalli*      **April 17, 2006**      (305) 588-3473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

906400006989

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JANUARY 15, 2006

DIVISION OF CORPORATION  
TALLAHASSEE, FL

REF: ASSISI CORP.  
DOC. NO.: P02000089496

DEAR SIR OR MADAM:

WE ARE WRITING THIS LETTER TO REQUEST THE REINSTATEMENT OF THE ABOVE CORPORATION FOR THE YEAR 2005. IN ADDITIONAL, WE ARE ALSO REQUESTING THE ABATEMENT OF THE LATE FEE FOR FILLING.

OUR BASE FOR EXCUSE FOR THE LATE FEE ABATEMENT IS THAT THE POST SERVICE HAD VERY POOR SERVICE DURING THE YEAR DUE TO SO MANY TROPICAL STORMS AND HURRACINE THAT HIT THE SOUTH FLORIDA REGION SPECIALLY THE KEY BISCAVNE AREA. IF ANY NOTIFICATION WAS SEND BY YOUR ORGANIZATION TO US, WE NEVER RECEIVED THEM AT ALL.

WE ALSO NOTICED THAT SOME OF OUR PERSONAL BILLS WERE ALSO NEVER RECEIVED.

AGAIN, WE APPEAL TO YOU THAT YOU PLEASE ABATE THE LATE FEE AND ALLOW US TO REINSTATE THE CORPORATION.

WE WILL NEED THE FORM AND AS SOON WE RECEIVE IT, THE FEE WILL BE SUBMITTED.

THANK YOU FOR YOUR ATTENTION.

SINCERELY,

*SUSANNA SERVALLI*

SUSANNA SERVALLI, DIRECTOR  
155 OCEAN LANE DRIVE  
SIUTE NO. 501  
KEY BISCAVNE, FL 33149