


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000100635			
1. Corporation Name Joann DeRosa Real Estate Inc			
2. Principal Office Address 6442 NW Hope Ct.		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port ST Lucie FL		City & State	
Zip 34986	Country ST. Luice	Zip	Country

FILED

04 APR 28 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-09

100031282111

03/26/04--01079--018 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida 9/16/2002

5. FEI Number 11-3664358
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
Joann DeRosa

Street Address (P.O. Box Number is Not Acceptable)
6442 NW Hope ct

Suite, Apt. #, Etc.

City
Port ST Luice

State
FL

Zip Code
34986

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

Joann DeRosa
REGISTERED AGENT MUST SIGN

Date 4-12-04

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
PRES.	Joann DeRosa	6442 NW Hope Ct	Port St. Lucie, FL. 34986

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:

Joann DeRosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/04
Date

772
595-2085
Daytime Phone #

CR2E081 (01/04)

April 12, 2004

Florida Department of State

From: JOANN DEROSA Real Estate, Inc.
6442 SW Hope Court
Port St. Lucie, Fl. 34986

Title: JOANN DEROSA -- President

Ref: Number P02000100635

To: Kathy Ashton
Document.Specialist

Enclosed is the signed document that you have requested. As previously stated in a letter, the reason I did not respond according to the time given was due to the fact the there was an incorrect zip code and I did not receive this document on time. I have stated this information in my previous letter. I know that you have received that letter because I now have received this form to return and also you have received my check for the year of 2003-2004.

At this time I am asking for a waiver of all additional late fees.

Hopefully this will help in this matter. Please contact me if you need any further information. I appreciate your time in this matter.

Respectfully
JOANN DEROSA

