

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 28 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102504

1. Corporation Name

VINCENT ARCURI, INC.

2. Principal Office Address

1022 Land O'Lakes Blvd.

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33549

Country

USA

3. Mailing Office Address

P.O. Box 23763

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33623

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

September 23, 2002

5. FEI Number

59-3218121

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

BETSY L. McCOY

Street Address (P.O. Box Number is Not Acceptable)
3702 West Kennedy Blvd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

300034016163
04/27/04--01031--008 **500 00

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

REGISTERED AGENT MUST SIGN

Date April 16, 2004

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	Vincent Arcuri	1022 Land O'Lakes Blvd.	Lutz, FL 33549
Treas	Vincent Arcuri	1022 Land O'Lakes Blvd.	Lutz, FL 33549
Sec	Betsy L. McCoy	3702 West Kennedy Blvd.	Tampa, FL 33609

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:

Betsy L. McCoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2004

Date

(813) 878-2500

Daytime Phone #

CR2E081 (01/04)