PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000124514**

1. Corporation Name

BILLIE KAY DALESIO-FACCINTO, P.A.

Principal Place of Business	Mailing Address
11587 LONGSHORE WAY WEST NAPLES FL 34119	11587 LONGSHORE WAY WEST NAPLES FL 34119

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/21/2002

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	DALESIO-FACCINTO, BILLIE K	11587 LONGSHORE WAY WEST	NAPLES FL 34119

400024249984
10/29/03--01035--024 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROSS, DONALD K JR. 2640 GOLDEN GATE PARKWAY SUITE 206 NAPLES FL FL	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: Oct. 17, 03

DONALD K. ROSS JR.
REGISTERED AGENT MUST SIGN

11. 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: Billie K. Dalesio-Faccinto Oct. 17, 03 239-564-2158

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

BILLIE K. DALESIO-FACCINTO

October 16, 2003

To whom It may Concern:

Enclosed is my check for $150.00 to reinstate my corporation as Active.

I did not receive any notice prior to receiving this form. I apologize for my failure to file on time. It will not happen in the future.

The Document # is P02000124514. Please send notification to me that you have reinstated My status. Could you send correspondence to Billie Dalesio-Faccinto 11587 Longshore Way west Naples, Florida 34119.

Thank you. If you have any questions, I can be reached at 239-564-2158.

Sincerely,

Billie Dalesio Faccinto, P.A.

Billie Dalesio-Faccinto, P.A.