

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 DEC -9 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000134117

1. Corporation Name

PAUL L. GHIOTTO, INC.

Principal Place of Business

Mailing Address

3673 NE SANDRA DR
JENSEN BCH FL 34957-3977

3673 NE SANDRA DR
JENSEN BCH FL 34957-3977



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

4. Date Incorporated or Qualified To Do Business in Florida

12/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-4544543

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GHIOTTO, PAUL L	3673 NE SANDRA DR	JENSEN BCH FL 34957

200025339232
12/09/03--01017--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GHIOTTO, PAUL L
3673 NE SANDRA DR
JENSEN BCH FL 34957-3977

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Paul L. Ghiotto
REGISTERED AGENT MUST SIGN

Date

12/3/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul L. Ghiotto
Paul L. Ghiotto

Date

12/3/03

Daytime Phone #

772-334-8041

CR2E040 (7/03)

To Whom it May Concern:

This letter is to state
that Paul L. Chiato has
NOT RECEIVED ^{(2) TWO} OBR NOTICES.

It is my wish to REINSTATE
this Corporation.

Sincerely
12/5/03 Paul L. Chiato