

1200

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 SEP -7 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000001904**

1. Corporation Name

SIGNATURE HOMES BY JOSEF ANTHONY CORP.

2. Principal Office Address - No P.O. Box #

4400 N Federal Hwy

3. Mailing Office Address

4400 N Federal Hwy

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City &amp; State

Boca Raton, FL

City &amp; State

Boca Raton, FL

Zip

33431

Country

usa

Zip

33431

Country

usa

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/07/2003

5. FEI Number

02-0660122

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

JOSEPH ZAPPOLI

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

4400 N Federal Hwy Ste 210

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

## 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
P/D	ANTIONETTE ZAPPOLI	6574 N State Rd 7	Coconut Creek/FL/33073
			100109295441
			09/11/07--01016--012 **1200.00

**REINSTATEMENT**

04-07

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 contained in Chapter 119, 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

Date

Daytime Phone #