PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2006 AUG 21 AM II: 10
DOCUMENT # PO300	0070644	SECRETARY OF STATE TALLAHASSEE. FLORIDA
Barry DeNicola Realty	1, Inc.	
2. Principal Office Address	3. Mailing Office Address	
4892 Bonita Beach Rd.	4892 Bonitz Boach Rd.	CR2E081 (12/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
		4. Date Incorporated or Qualified To Do Business in Florida October 2003
City & State	BON 1725 prings, 7L	5. FEI Number Applied For
BOXITA STINGS, 7L	Zip Country	02-0696267 Not Applicable
34134 U.S.A.	34134 U.S. A.	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Barry SeNicola		
Street Address (P.O/Box Number is Not Acceptable)		
4892 Bonita	Belch Rd.	
Suite, Apt. #, Etc.		
BONITA Springs	-	State Zip Code FL 34/34
8. I, being appointed the registered agent of the at Signature of Registered Agent	ove named corporation, am familiar with and accept the of the control of the cont	Date 8-17-06
9. Names and Street Addresses of Each Officer a	nd/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Director	Street Address of Eacl S Officer and/or Directo	
Pris, VP. Burry DeNicola	4892 Buit Beach	L. Rd. Boxitz Springs, AL 34134
		B 8 22/02
	REAST	17 DU-06
•		
		510079050646 08/23/0601028015 **458.75
		600079050546 08/23/0601028015 **458.75
this reinstatement application, the reason for di	ssolution has been eliminated, the corporate name satisfie	provided for in chapter 607 or 617, F.S. I further certify that when filing s the requirements of section 607.0401 or 617.0401, F.S., that all fees
this reinstatement application, the reason for di- owed by the corporation have been paid and the	ssolution has been eliminated, the corporate name satisfie	provided for in chapter 607 or 617, F.S. I further certify that when filing s the requirements of section 607,0401 or 617,0401, F.S., that all fees an exemption contained in Chapter 119, F.S. The information indicated
this reinstatement application, the reason for di- owed by the corporation have been paid and th- on this application is true and accurate, and my SIGNATURE:	ssolution has been eliminated, the corporate name satisfie e names of individuals listed on this form do not qualify for	provided for in chapter 607 or 617, F.S. I further certify that when filing s the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption contained in Chapter 119, F.S. The information indicated er oath.



BARRY DeNICOLA

239-947-6111(0) 239-947-3006(F)

4892 Bonita Beach Road Bonita Springs, FL. 34134

E-mail: BarrycDeNicola@aol.com Website: BarryDeNicola.com

August 18, 2006

To: FL Department of State

Re: Waiver of Reinstatement Fee

I have enclosed \$450 plus the \$8.75 fee for the certificate of status. I placed a call to the Dept. of State and was informed that I could pay the \$450 and include a letter requesting that the remainder balance be waived due to non notice for renewal. I never received any type of notice by mail or any sort requesting renewal. I am therefore requesting that the remainder balance be waived. I apologize for any inconvenience.

Thank you,

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Barry DeNicola