

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P03000097047

1. Corporation Name

DENISE M. FIORITO, INC.

2. Principal Office Address

281 CHARLSTON CT.

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34110

Country

COLLIER

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SPRING

Zip

Country

PLEASE LEAVE PENNY
AS WE NEVER RECEIVED
THIS FIRST IN ANY
NOTICE, OUR ADDRESS
CHANGED. Thank you!

900066255469
02/21/06--0118--014 **450.00
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9-2-03

5. FEI Number

42-1601716

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

DENISE M. FIORITO

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

281 CHARLSTON CT.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

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

[Signature]

Date

01-2-06

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	DENISE FIORITO	281 CHARLSTON CT.	NAPLES, FL 34110

06 FEB 20 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

FILED

04-06

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-02-06

Date

Daytime Phone #