

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2006



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -2 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000115053

1. Corporation Name

Sacchetillo Enterprises Inc
55 Live Oak Circle
Tequesta, FL 33469-2724

2. Principal Office Address

55 Live Oak Circle

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

33469

Country

USA

3. Mailing Office Address

55 Live Oak Circle

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

33469

Country

USA

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2003

5. FEI Number

13-2527491

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

Robert Sacchetillo

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

55 Live Oak Circle

Suite, Apt. #, Etc.

City

Tequesta

State

FL

Zip Code

33469

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 9/27/06

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
Pres	Robert Sacchetillo	55 Live Oak Circle	Tequesta, FL 33469
VP	Steven Sacchetillo	55 Live Oak Circle	Tequesta, FL 33469
Sec	Jeffrey Sacchetillo	55 Live Oak Circle	Tequesta, FL 33469

10/14

900080357599
10/02/06--01060--007 **300.00

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

9/27/06

Date

Daytime Phone #

September 27, 2006
Sacchetillo Enterprises Inc.
55 Live Oak Circle
Tequesta, FL 33469-2724

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # P03000115053

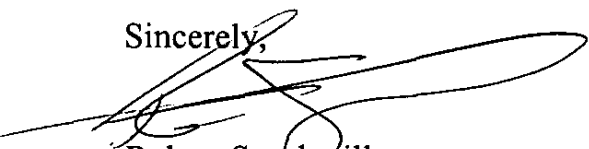
To Whom It May Concern:

According to my accountant, I should have received an Annual Uniform Business Report from your office for my corporation for the 2005 and 2006 years. I did not receive this form and upon checking the corporation's on-line services, I see that it does not show any reporting for the 2005 or 2006 years.

Per the accountant's instructions, I have printed a copy of the current year's form on-line and I am enclosing a check in the amount of \$300.00 (for years 2005 and 2006) along with the signed UBR Form for the current year. Please verify that my address is correct in your records so that I will receive the form next year.

Your prompt attention and consideration is greatly appreciated.

Sincerely,



Robert Sacchetillo
Registered Agent