

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P03600141409*

**1. Corporation Name**

ADT PROFESSIONAL PAINTING INC  
3617 CALLA DR  
JACKSONVILLE, FL 32207

**2. Principal Office Address**

3617 CALLA DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE

Zip

32207

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

FL

Zip

Country

**4. Date Incorporated or Qualified**

- To Do Business in Florida -

**5. FEI Number**

*84-163195*

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

*ADRIATIC TOCI*

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

*3617 CALLA DR*

Suite, Apt. #, Etc.

City

*JACKSONVILLE,*

State

FL

Zip Code

*32207*

**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

*Adriatic TOCI*

Date

**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	ADRIATIC TOCI	3617 CALLA DR	JACKSONVILLE FL 32207
VP	ADHURIM AMETI	3617 CALLA DR	JACKSONVILLE, FL 32207
	<i>[Signature]</i>		

**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 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:

*Adriatic TOCI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11-17-05*

Date

Daytime Phone #

FILED

05 NOV 18 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900061552219

11/18/05--01054--001 \*\*300.00

REINSTATEMENT

CR2E081-(8/05)

*04-05*

**ANGELO PETRUCCELLI**  
**3030 HARTLEY RD STE 320**  
**Jacksonville, FL 32257**  
**904-571-1947**

To: Florida Division of Corporations;

-- -- My client ADT Professional Painting Inc P03000141409 did not receive the post cards to renew his corporation. Please except this letter and the filling fee of 300.00

Sincerely,

A handwritten signature in black ink, appearing to read 'Angelo Petruccelli', with a large, stylized loop at the end.

Angelo Petruccelli PA