

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP -7 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

LOMBARDO BUILDING & DEVELOPMENT, INC.
PA3000148269

2. Principal Office Address

519 ROMA COURT

Suite, Apt. #, etc.

SUITE 3107

City & State

NAPLES FL

Zip

34110

Country

USA

3. Mailing Office Address

519 ROMA COURT

Suite, Apt. #, etc.

#3107

City & State

NAPLES FL

Zip

34110

Country

USA

REINSTATEMENT
CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

12-5-03

5. FEI Number

421612543

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID LOMBARDO

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

519 ROMA COURT

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

David Lombardo

Date 9-2-06

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
PRES V.P. SEC. TRE.	DAVID LOMBARDO	519 ROMA CT 3107	NAPLES FL 34110

700080039007
09/21/06 01052-020 **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:

David Lombardo
DAVID LOMBARDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-06 (239) 298-1242

Date

Daytime Phone #

2/2

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

9-2-06

To Whom It May Concern:

I, David Lombardo, President of Lombardo Building And Development Inc. am hereby requesting a waiver of the Reinstatement Fee of said corporation.

This is due to the fact that I have never received the Annual Report form because I have not conducted business or lived at 1900B Bald Eagle Drive Naples Fl. For the last 2+ years.

I have not received any invoices from the State of Florida at my new address other than the documents that I have requested.

I have tried to contact the state and even change my address on line (I don't use the computer as much as I should but I do try).

If you would be so kind and change the Corporations address to:

Lombardo Building and Development, Inc.
519 Roma Court
Unit 3107
Naples Fl. 34110

I would greatly appreciate it.

Also in closing does the State of Florida send me an active certificate or do I get this on line?

Thank you,


David Lombardo