

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 29 AM 8:06

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA800103985118  
06/06/07--01038--013 \*\*300.00

DOCUMENT # P04000030899

1. Corporation Name

DEL PINO MULTISERVICES, INC.

2. Principal Office Address - No P.O. Box #

5150 SW 28TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

5150 SW 28TH STREET

Suite, Apt. #, etc.

City &amp; State

LEHIGH ACRES

Zip

33971-6603

Country

USA

City &amp; State

LEHIGH ACRES

Zip

33971-6603

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/17/2004

5. FEI Number

41-2128458

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

MARIO J DEL PINO, JR.

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

5150 SW 28TH STREET

Suite, Apt. #, Etc.

City

LEHIGH ACRES

State

FL

Zip Code

33971

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

MARIO DEL PINO, JR.

Date 4/30/2007

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, T	MARIO J DEL PINO, JR.	5150 SW 28TH STREET	LEHIGH ACRES, FL 33971-6603
VP, S	MARIO J DEL PINO, SR.	5150 SW 28TH STREET	LEHIGH ACRES, FL 33971-6603

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: MARIO DEL PINO JR. MARIO J DEL PINO, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2007

Date

239-995-7500

Daytime Phone #