PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 OCT 25 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P04000053205

1. Corporation Name

Cione Enterprises, Inc.

REINSTATEMENT 05

2. Principal Office Address	**3.** Mailing Office Address
2014 4th Street	2014 4th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL 34237	City & State: Sarasota, FL 34237
Zip: 34237 Country: Sarasota	Zip: 34237 Country: Sarasota

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 54-2148481 ☐ 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: Samuel L. Cione

Street Address (P.O. Box Number is Not Acceptable): 2738 Jefferson Circle

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34239

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: Samuel L. Cione Date: 10/5/2005

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
D	Samuel L. Cione	2738 Jefferson Circle	Sarasota, Fl 34239

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: Samuel L. Cione 10/5/2005 941-365-1972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #