

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 12 AM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000077582

1. Corporation Name DONNA PANARELLO, P.A.

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

10830 Vivaldi Ct

Suite, Apt. #, etc.

#101

City & State

FORT MYERS, FL

Zip

33913

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

8/1/04

5. FEI Number

76-0767124

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

DONNA PANARELLO AS ABOVE

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

10830 VIVALDI CT

Suite, Apt. #, etc.

101

City

FORT MYERS

State

FL

Zip Code

33913

☒ 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

Donna Panarello

REGISTERED AGENT MUST SIGN

Date July 30, 07

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 |
|--------|-----------------------------------|--|--------------------|
| DIR | DONNA PANARELLO | 10830 VIVALDI CT | FT MYERS FL 33913 |
| PRES | DONNA PANARELLO | 10830 VIVALDI CT | FT MYERS FL 33913 |
| SEC | DONNA PANARELLO | 10830 VIVALDI CT | FT MYERS FL 33913 |
| 1ST | | | |
| | | | |
| | | | |
| | | | |

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08/07/07--01021--015 **450.00

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.

DONNA PANARELLO

SIGNATURE:

Donna Panarello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 30, 07

Date

Daytime Phone #

239-44-5211