

2005 FOR PROFIT CORPORATION REINSTATEMENT

PS 1 982

DOCUMENT # P04000117288			
1. Entity Name THOMAS NIGRELLI INC.			
Principal Place of Business 502 WEXFORD DRIVE VENICE, FL 34293		Mailing Address 502 WEXFORD DRIVE VENICE, FL 34293	
2. Principal Place of Business 1804 SCARLETT AVE.		3. Mailing Address 1804 SCARLETT AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH PORT, FL		City & State NORTH PORT FL	
Zip 34289		Zip 34289	
Country SARASOTA		Country SARASOTA	
6. Name and Address of Current Registered Agent NIGRELLI, THOMAS 1804 SCARLETT AVENUE NORTH PORT, FL 34289		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE <i>Thomas Nigrelli</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%; text-align: right;"> DATE 10/11/05 </div> </div>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIGRELLI, THOMAS 1804 SCARLETT AVENUE NORTH PORT, FL 34289 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> 500060591535 10/14/05--01002--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Thomas Nigrelli</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 10/11/05 (941) 429 6915 <small>Daytime Phone #</small>	

FILED
05 OCT 14 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10102005 REIN-P CR2E098 (6/04)

4. FEI Number 20-1476383 ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

ps 242

THOMAS NIGRELLI, Inc.

FINER RENOVATIONS SINCE 1984

1804 Scarlett Avenue, North Port, Florida 34289

PHONE: (941) 539-1411

October 10, 2005


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

Gentlemen,

I did not receive the first notice for filing my 2005 Corporate Annual Report. Our address has changed and mail was not received. Please accept my Reinstatement form and payment.

If there are any questions I can be reached at (941) 539-1411 or (941) 429-6915.

Sincerely,



Thomas Nigrelli