

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUN 26 AM 8:20

STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000146011

1. Corporation Name

RICK LOIACONO, P. A.

**REINSTATEMENT**

CRZE001 (1/07)

05-07

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

2887 BEL FOREST DR.

Suite, Apt. #, etc.

3. Mailing Office Address

2887 BEL FOREST DR.

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

Zip

33770

Country

U.S.A.

Zip

33770

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/2004

5. FEI Number

20-1817119

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

RICHARD M. LOIACONO

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

2887 BEL FOREST DR.

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33770

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

06-22-07

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
PRES	RICK LOIACONO	2887 BEL FOREST DR	LARGO, FL 33770

300104861473  
06/26/07--01025--003 \*\*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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Daytime Phone #

06-22-07 727-743-7711