

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 AUG 21 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 804000147476

1. Corporation Name

JACKIE TEDESCO, P.A.

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

3825 Falcon Ridge Cr.

Suite, Apt. #, etc.

City & State

Weston, FL

Zip  
33331

Country

USA

3. Mailing Office Address

3825 Falcon Ridge Cr.

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip

33331

Country

USA

**REINSTATEMENT**

CR2E081 (1/07)

05-07

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/2004

5. FEI Number

83-0410060

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

JACQUELINE TEDESCO

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

3825 Falcon Ridge Cr.

Suite, Apt. #, Etc.

W

City

Weston

State

FL

Zip Code

33331

☒ 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

Jacqueline Tedesco

REGISTERED AGENT MUST SIGN

Date 8/13/07

**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
D	Jacqueline Tedesco	3825 Falcon Ridge Cr.	Weston FL 33331

800108384748  
08/21/07--01050--011 \*\*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:

Jacqueline Tedesco

JACQUELINE TEDESCO

Date

8/13/07 (954) 303-1565

Daytime Phone #