

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -5 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000152620**

1. Corporation Name

Robert Dicristo INC.

2. Principal Office Address

2521 K.O. Ct

Suite, Apt. #, etc.

3. Mailing Office Address

2521 K.O. Ct

Suite, Apt. #, etc.

City & State

lakeland

Zip

33809

Country

Polk

City & State

Fl. lakeland

Zip

33809

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

11/4/2004

5. FEI Number

20-1889662

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Robert Dicristo

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

2521 K.O. Court

Suite, Apt. #, Etc.

City

lakeland

State

FL

Zip Code

33809

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

Robert Dicristo

Date **11/22/06**

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
PVP	Robert Dicristo	2521 K.O. Ct	lakeland Fl. 33809
S-T	Robert Dicristo	2521 K.O. Ct	lakeland Fl. 33809

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

11/25

Date

863-430-093

Daytime Phone #