

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 MAY 20 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000105459

1. Corporation Name

Joseph SCARFONE, P.A.

**REINSTATEMENT 07-10**

700180666817  
05/10/10--01077--010 \*\*450.00

CR2E081 (4/10)

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

2038 NE 36<sup>th</sup> Street

Suite, Apt. #, etc.

3. Mailing Office Address

2038 NE 36<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7-28-2005

5. FEI Number

113755573

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 Joseph Scarfone

Street Address (P.O. Box Number is Not Acceptable)  
2038 NE 36<sup>th</sup> Street

Suite, Apt. #, Etc.

City Lighthouse Point

State FL

Zip Code 33064

PROFIT CORPORATIONS ONLY  
 The \$600.00 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 *Joseph Scarfone*

REGISTERED AGENT MUST SIGN

Date 5-7-10

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
P	Joseph Scarfone	2038 NE 36 <sup>th</sup> Street	Lighthouse Point, FL 33064

700180666817  
05/21/10--01006--012 \*\*158.75

10. E-mail Address: Joseph@oneinvestmentone.com

(To be used for future annual report notification)

11. 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. I further certify, 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: *Joseph Scarfone* (Joseph Scarfone)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-10

Date

(904) 945-7772

Daytime Phone #