

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 16 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000041609**

1. Corporation Name

Philip DeFrancesco, P.A.

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

212 Glengarry Dr.

Suite, Apt. #, etc.

Unit # 306

City & State

Bloomington, IL.

Zip

60608

Country

U.S.A.

3. Mailing Office Address

212 Glengarry Dr.

Suite, Apt. #, etc.

Unit # 306

City & State

Bloomington, IL.

Zip

60608

Country

U.S.A.

600145936896

03/16/09--01051--003 **458.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/2006

5. FEI Number

20-4802580

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

Philip DeFrancesco

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

7606 Pissarro Dr.

Suite, Apt. #, Etc.

14-306

City

Orlando

State

FL

Zip Code

32819

☒ 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 **03/09/09**

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	DeFrancesco, Philip	212 Glengarry Dr, #306	Bloomington, IL 60608

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]

Philip DeFrancesco 03/09/09 630.330.0313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #