

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR -8 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000040629

1. Corporation Name

P B Alongi Inc

400171549374  
03/09/10--01001--017 \*\*450.00

**REINSTATEMENT** 08-10  
CR2E001 (FWS)

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

2103 SW 48th Terrace

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Zip

33914

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 03/30/2007

5. FEI Number

20-8747422

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

Paul B Alongi

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

2103 SW 48th Terrace

Suite, Apt. #, Etc

City

Cape Coral, FL

State

FL

Zip Code

33914

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	Paul B Alongi	2103 SW 48th Terrace	Cape Coral, FL 33914
ST	Paul B Alongi	2103 SW 48th Terrace	Cape Coral, FL 33914

10. E-mail Address: PBAlongi@901.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 8, 2010 (239) 560-1259