


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 16 APR 8 AM 11:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P14000025815 1. Corporation Name KATHLEEN GAROFANO, INC.					
2. Principal Office Address - No P.O. Box # 13530 HUNTERS POINT STREET Suite, Apt. #, etc. City & State SPRING HILL, FLORIDA Zip Country 34609 US		3. Mailing Office Address 13530 HUNTERS POINT STREET Suite, Apt. #, etc. City & State SPRING HILL, FLORIDA Zip Country 34609 US		CR2E081 (11/10)	
				4. Date Incorporated or Qualified To Do Business in Florida 03/18/2014	
				5. FET Number 46-5192055 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 KATHLEEN GAROFANO Street Address (P.O. Box Number is Not Acceptable) 13530 HUNTERS POINT STREET Suite, Apt. #, Etc. City State Zip Code SPRING HILL FL 34609				300284390179 04/08/16--01031--026 **\$300.00	
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 <u>Kathleen Garofano</u> Date <u>4-6-16</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/T/S	KATHLEEN GAROFANO	13530 HUNTERS POINT ST		SPRING HILL, FL 34609	
				S. HAWKES	
				APR 11 AM	
				EXAMINER	
10. E-mail Address: KATGAROFANO@YAHOO.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: <u>Kathleen Garofano</u> Date <u>4-6-16</u> 352-232-2661 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					