

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG -4 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P18187

1. Corporation Name

Frank I Casserino Inc.

Principal Place of Business

1552 BOREN DR.
SUITE 100
OCFEE, FL 34761

Mailing Address

1552 BOREN DR
SUITE 100
OCFEE, FL 34761

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/29/88

5. FEI Number

161130225

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/S/ V/D	FRANK J. CASSERINO	1552 BOREN DR, STE 100	OCFEE, FL 34761
			800003352608--0
			08/10/90-01078-006
			***1950.00 ***1950.00

8. Name and Address of Current Registered Agent

BARRY L. MILLER, ESQ.
846 HIGHLAND AVE
ORLANDO, FL 32801

9. Name and Address of New Registered Agent

Name

FRANK J. CASSERINO

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

1552 BOREN DR

Suite, Apt. #, Etc.

100

City

OCFEE

State

FL

Zip Code

34761

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Frank J. Casserino

REGISTERED AGENT MUST SIGN

Date

8-2-00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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

Date

Daytime Phone #

1-30-00 407-777-7107

CR2E081 (12/98)