

APPLICATION
FOR
REINSTATEMENT



APPROVED
AND
FILED

1997 APR -1 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000001745

1. Corporation Name

Cidap INVESTMENTS, INC.

Principal Place of Business

Mailing Address

351 Diana Court
Casselberry, FL 32707 US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, If Applicable

7061 GRAND NATIONAL DR

Suite, Apt. #, etc.
Suite 139

Suite, Apt. #, etc.

City & State
Orlando FL

City & State

Zip 32819 Country USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-4-92

5. FEI Number

59-3158874

Applied Eng

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 |
|-------------------------|--|---|--|
| PRES. FRANCESCO Cipolla | 1208 N LAKE DR. | SARASOTA, FL 34237 | 200002131222-6 -04/02/97-01060-006 ***1410.00 ***1410.00 |
| | | | |
| | | | |
| | | | REINSTATEMENT '93-'97 SCC 4-1-97 |

8. Name and Address of Current Registered Agent

MARIANO Cipolla
132 EAST SR 434
Winter Springs FL 32708

9. Name and Address of New Registered Agent

Name **FRANCESCO Cipolla**
Street Address (P.O. Box Number is Not Acceptable)
1208 N. LAKE DR.
Suite, Apt. #, Etc.
City **Sanford** State **FL** Zip Code **32707**

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

REGISTERED AGENT MUST SIGN

Date 5-20-77

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 # _____

CR25MAN (12/05)