

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000010208

1. Corporation Name

WILLIAM A. ABRUZZINO II PA
303 SE WENONA AVE
OCALA, FL. 34471

2. Principal Office Address

303 SE WENONA AVE

3. Mailing Office Address

S/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

Zip

Country

Zip

Country

34471

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/1/93

5. FEI Number

59-3166393

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARY BETH ABRUZZINO

400004301624

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

303 SE WENONA AVE

-05/23/01-01021-001

***1365.00 ***1365.00

Suite, Apt. #, Etc.

City

OCALA

State
FL

Zip Code

34471

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

Beth F. Abruzzino

Date

4-27-2001

Beth F. Abruzzino

REGISTERED AGENT MUST SIGN

William A. Abruzzino

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
PAGE V.P./Secy TREAS	WILLIAM A. ABRUZZINO II	303 SE WENONA AVE OCALA, FL. 34471	OCALA, FL. 34471

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 under section 119.07(3)(l), 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

William A. Abruzzino

Date

Daytime Phone #

4-27-2001 (352) 840-0459

2052

April 23, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: William A. Abruzzino II PA
P93000010208
Corporation Reinstatement

To Whom It May Concern:

Enclosed is our reinstatement application and our check in the amount of \$ 1,365.00.

Our corporation was created February 1, 1993. We were administratively dissolved, without our knowledge, August 26, 1994. We never received any notices or reports in 1994. Nor have we received any notices or reports in the subsequent years. This situation came to our attention after making a change in our accounting and tax service when, after checking to make certain we had filed for this year, they discovered the dissolution.

In view of the above, I respectfully request waiver of the accumulated penalties.

If you have questions regarding this matter, I can be reached at (352) 840-0459.

Thank you for your assistance.

Sincerely,

William A. Abruzzino II
President