

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 11 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 93000049351

1. Corporation Name

6671 West Indian Town Rd

2. Principal Office Address

6671 W INDIANTOWN

3. Mailing Office Address

6671 W INDIANTOWN

Suite, Apt. #, etc.

62

Suite, Apt. #, etc.

62

City & State

Jupiter FL

City & State

Zip

33458

Country

PAIm BEACH

Zip

33458

Country

PAIm BEACH

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650420504

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

Michael Cioffi

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

6671 W INDIANTOWN Rd

Suite, Apt. #, Etc.

Suite 62

City

Jupiter

State

FL

Zip Code

33458

200048848862
03/22/05--01028--005 **900.00

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

Michael Cioffi

REGISTERED AGENT MUST SIGN

Date

3-10-05

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
<u>Pres</u>	<u>Michael Cioffi</u>	<u>6671 W INDIANTOWN</u>	<u>Jupiter FL 33458</u>
<u>V. Pres</u>	<u>Robert Veglia</u>	<u>4368 NORTH LAKE BLVD</u>	<u>PAIm BEACH GARDENS FL 33410</u>

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)(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:

Michael Cioffi

Michael Cioffi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05

Date

561-575-6818

Daytime Phone #

CR2E081 (01/05)