

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 20 PM 6:12

SECRETARY OF STATE  
TALLAHASSEE, FL

DOCUMENT # P9 3000065096

1. Corporation Name

DIROCCO DEVELOPMENT CORPORATION

2. Principal Office Address

827 DONALD ROSS RD.

3. Mailing Office Address

827 DONALD ROSS RD

Suite, Apt. #, etc.

C 14

Suite, Apt. #, etc.

C14

City & State

JUNO BEACH FL

City & State

JUNO BEACH FL

Zip

33408

Country

Palm Beach

Zip

33408

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

9/10/93

5. FEI Number

650437578

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

DIROCCO, THOMAS

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

2319 TREASURE ISLE DRIVE

Suite, Apt. #, Etc.

A-53

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

Thomas R. Roth

Date

11/13/02

REGISTERED AGENT MUST SIGN

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
PVST	DIROCCO, THOMAS	2319 TREASURE ISL DR #453	Palm Beach Gardens FL 33410

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)