

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 18 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073771

1. Corporation Name

Charles Palmisano Brokerage, Inc.

**REINSTATEMENT** 02-04

2. Principal Office Address  
27771 Tennessee Street

3. Mailing Office Address  
P O Box 1478

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Bonita Springs, Florida

City & State  
Bonita Springs, Florida

Zip  
34135

Country

Zip  
34133

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/18/93

5. FEI Number  
650446633

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  
Anthony P. Pires, Jr., Esquire

Street Address (P.O. Box Number is Not Acceptable)  
3200 Tamiami Trail North

Suite, Apt. #, Etc.  
Suite 200

City  
Naples

State  
FL

Zip Code  
34103

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

REGISTERED AGENT MUST SIGN

Date

3/15/2004

**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
D	Charles Palmisano	27771 Tennessee Street	Bonita Springs, Florida 34135

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 #

Charles Palmisano

3/15/04

239-942-2652

CR2E081 (01/04)

March 12, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Charles Palmisano Brokerage, Inc.  
Document No. P93000073771

Dear Ladies & Gentleman:

Please allow this letter to confirm that I did not receive any Notices and/or Uniform Business Reports for the years 2002, 2003 and 2004, which was confirmed by your office during our telephone conversation of this date.

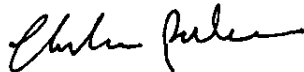
Since I did not receive any notices and/or Uniform Business Reports that were required to be filed to maintain the corporation in good standing, I am requesting that the reinstatement fee be waived.

I am enclosing the following information as advised by your office in our telephone conversation:

1. Original Corporation Reinstatement; and
2. Check in the amount of \$450.00 payable to the Florida Department of State to reinstate the corporation (which I understand to be the cost of filing the UBR's for year 2002, 2003 and 2004).

Thank you for your cooperation with this matter. Should you have any questions, please feel free to contact me at 239-992-2652.

Sincerely,  
Charles Palmisano Brokerage, Inc.



Charles Palmisano, President