

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -3 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000006185

1. Corporation Name

VINCENT T. SAMMARCO, PA

REINSTATEMENT 95-03

2. Principal Office Address

1408 S. ANDREWS AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

Zip

33316

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/18/94

5. FEI Number

65-0501947

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

VINCENT T. SAMMARCO

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

1408 S. Andrews Ave.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33316

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

[Signature]

Date 10-10-03

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
P/D	VINCENT T. SAMMARCO	1408 S. ANDREWS AVE	FT. LAUDERDALE, FL 33316

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03 (954) 4429991

Date

Daytime Phone #

CR2081 (10/02)