

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -2 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017839**

1. Corporation Name

Agnelli Enterprises Inc

2. Principal Office Address

6557 141 Lane N.
Suite, Apt. #, etc.

3. Mailing Office Address

6557 141 Lane N.
Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33418

Country

Palm Beach

Zip

33418

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

3/4/1994

5. FEI Number

650468490

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

Stephen Agnelli

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

6557 141 Lane North

Suite, Apt. #, Etc.

200074343662

05/10/06 01026 029 **100.00

City

Palm Beach Gardens

State

FL

Zip Code

33418

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]

REGISTERED AGENT MUST SIGN

Date

4/26/06

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	Stephen M. Agnelli	6557 141 Lane N.	P.B. Gardens, FL 33418
V/T	Helene Agnelli	Same as above	
		6/3/18	

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 contained in Chapter 119, 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

Date

4/26/06

Daytime Phone #

561-719-0895