

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 FEB 18 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P940000 33248**

1. Corporation Name

**LENOCI'S INC.**

2. Principal Office Address

**12305 Pembroke Rd.**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**PEMBROKE PINES FL**

City & State

Zip

**33025**

Country

**BROWARD**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**5-3-1994**

5. FEI Number

**65-0546464**

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

**GIUSEPPE GIUGNO**

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

**1517 HARMONY LAKE CIRCLE**

Suite, Apt. #, Etc.

City

**DAVIE**

State

**FL**

Zip Code

**33328**

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

**2-15-05**

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
PD	Giuseppe, Giugno	1517 HARMONY LAKE CIRC	DAVIE FL 33328
DV	ANGELA GIUGNO	1517 HARMONY LAKE CIRCLE	DAVIE FL 33328

200047311112  
02/25/05--01048--024 \*\*150.00

200047311112  
02/25/05--01048--025 \*\*750.00

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:

**Giuseppe Giugno**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/15/05**

Daytime Phone #