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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081030

Michael Chiarizio
Frame + Trim Inc

6854 W. Sentinel

Suite, Apt. #, etc. Post Path

City & State
Beverly Hills Fla.

Zip	Country
34465	Citrus

11-3-1994

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

Name Michael Chiarizio

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

Suite, Apt. #, Etc.

City	State	Zip Code
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State
FL

Zip Code

700225415887
03/20/12--01021--004 **900.00

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**

Date 5-15-12

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
S. HAWKES

~~MAR - 2012~~

EXAMINER

Pres Michael Chiarizzone

tres michael Chirizidas

sec. Donna Chiarizia Bove

VICE PRES. DONNA CHIARIZO

REINSTATEMENT

2011 - 2012

10. **E-mail Address:**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

03/8/19

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #