

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC 30 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086386

1. Corporation Name

GIUNTA II, INC.

Principal Place of Business

576 RIVIERA DR.  
TAMPA FL 33606

Mailing Address

576 RIVIERA DR.  
TAMPA FL 33606

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/1994

5. FEI Number

59-3279798

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|
| D             | GIUNTA, GRACE G                           | 576 RIVIERA DR.                                                                                | TAMPA FL 33606          |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
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|               |                                           |                                                                                                |                         |

200002389092--2  
-01705/98--01007--017  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

BOGGS, E. JACKSON  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*E. Jackson Boggs*  
REGISTERED AGENT MUST SIGN

Date 12/29/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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: *Grace G. Giunta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grace G. Giunta 12-19-97 (813)253-0383

Date

Daytime Phone #

CR25040 (9/97)