

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 NOV 19 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000002177

1. Corporation Name

NEW PORT RICHEY LANDHOLDINGS, INC.

400009088934
11/19/02--01095--003 **150.00

2. Principal Office Address

5015 WESTSHORE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

1799 NORTH BELCHER ROAD

Suite, Apt. #, etc.

SUITE A

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

US

City & State

CLEARWATER, FL

Zip

33765

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1995

5. FEI Number

59-3288024

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

PLEASE CHANGE TO:

Name

PETER CANDELORA

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

5015 WESTSHORE DRIVE

Suite, Apt. #, Etc.

NEW PORT RICHEY, FL 34652

City

State

FL

Zip Code

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

Peter Candelora

REGISTERED AGENT MUST SIGN

Date 11/10/02

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
D	PETER CANDELORA	5015 WESTSHORE DRIVE	NEW PORT RICHEY, FL 34652

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:

Peter Candelora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/02

Date

Daytime Phone #

CR25081 (9/01)

New Port Richey Landholdings, Inc.
5015 Westshore Drive
New Port Richey, FL 34652

November 8, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #P95000002177 EIN 59-3288024

To Whom it May Concern:

Enclosed please find the corporation reinstatement form and a check in the amount of \$150 for New Port Richey Landholdings, Inc.

Our inactive status was recently discovered when we applied for a loan through a financial institution. Although our mailing address has remained the same, we never received the annual corporate report or any other notice from your office.

Given our payment history, we ask that you consider waiving the reinstatement fee. If you require additional information, please contact me at 727-848-1417.

Thank you for your consideration in this matter.

Sincerely,

Peter D. Candelora, M.D.