PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED 1/9/97

APPLICATION FOR REINSTATEMENT 96 A/R

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

FILED
1997 JAN 15 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000068670**

1. Corporation Name

ANGELA R. DIMARCO INC.

Principal Place of Business	Mailing Address
3851 62ND AVENUE NORTH. SUITE H ST. PETERSBURG FL	POST OFFICE BOX 66118 ST. PETERSBURG FL 33706

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

2. New Principal Office Address, If Applicable
ANGELA R. DIMARCO
Suite, Apt. #, etc.
3851 62ND Ave N. STE H
City & State
PINELLAS PARK FL
Zip 34665 Country USA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 09/06/1995

5. FEI Number 59-3333266 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	ANGELA R. DIMARCO	5575 GULF Blvd #121	ST. PETE Bch FL 33706
V/P-S/T	ANNA CALLODONATO	5575 GULF Blvd #123	ST. PETE Bch FL 33706

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-01/21/97--01021--004
****225.00 ****225.00

1/21/97

8. Name and Address of Current Registered Agent

SIRISKA, JOANNE
SEALS N' SIGNATURES
6822 22ND AVENUE NORTH, SUITE 277
ST. PETERSBURG FL 33710

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

CR2E040 (7-96)

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: Joanne Siriska Date 9/30/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Angela R. Di Marco Date 9/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

D0796536 AE

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ATTN: STACY

Visions

3851 62ND Avenue North ♦ Suite H ♦ Pinellas Park, FL 33781
Phone (813) 525-5448 ♦ Fax (813) 525-4982

To Whom It May Concern,

Regarding conversation on 1-15-97, we did not receive the documents enclosed until 1-13-97 due to address error. Again please send all mail to above address as shown on letterhead.

Thankyou

Angela DeMarco