

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 10 PM 2:55

DOCUMENT # PA5000076102

1. Corporation Name

SAINT CACCHIOTTI, P.A.

000037848080
06/10/04--01064--008 **300.00

2. Principal Office Address

4519 Nassau Road

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34210

Country

USA

3. Mailing Office Address

4519 Nassau Road

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34210

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

65-0620060

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Armentrout, Terry L CPA

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

1001 N. Washington Blvd.

Suite, Apt. #, Etc.

City

Sarasota,

State

FL

Zip Code

34236

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

6-7-04

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
PTD	Cacchiotti, Cynthia	4519 Nassau Road	Bradenton, FL 34210

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:

Cynthia V. Cacchiotti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-04

Date

941-809-0487

Daytime Phone #

CR2E081 (01/04)



Saint Cacchiotti
4519 Nassau Rd
Bradenton FL 34210-2134

Wednesday, May 26, 2004

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

To Whom It May Concern:

I did not receive my postcard to file my UBR as it was not forwarded to our new address. I am requesting a waiver and have enclosed my check in the amount of \$300.00 for 2003 and 2004 along with my reinstatement form.

Thank you for your attention to this matter.

Sincerely,

Saint Cacchiotti
President

Sc

Cc: Terry Armentrout