

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra M. M...  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUN -8 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 896000022730

1. Corporation Name Iacutone Enterprises, Inc

Principal Place of Business

Mailing Address

7360 W. 20th Ave #120  
Hialeah, FL 33016

500002557195-6  
-06/11/98--01092--014  
\*\*\*\*315.00 \*\*\*\*315.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida 3/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0645390

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	James Iacutone	2655 Collins Ave #2508	Miami Beach FL 33140

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

James Iacutone  
2655 Collins 3508  
Miami Beach, FL 33140

Name

same

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

James Iacutone  
believer no penalty should apply  
REGISTERED AGENT MUST SIGN

Date

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 in making 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 taxes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Iacutone

Date

5/30/98

Daytime Phone #

(305) 557-0999

CR2040 (1/98)