

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

DOCUMENT # **P96000023232**

1. Corporation Name

**LARGO INC.**

**1717 S W 1ST WAY BAY 5 DEERFIELD BEACH FL 33441**

Principal Place of Business

**1800 SO. OCEAN DRIVE STE 1004  
POMPAHO BEACH FL 33062**

Mailing Address

**1800 SO. OCEAN DRIVE STE 1004  
POMPAHO BEACH FL 33062**

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

2. New Principal Office Address, If Applicable

**1717 S W 1ST WAY BAY 5**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

**DEERFIELD BEACH FL 33441**

City & State

**DEERFIELD BEACH FL 33441**

Zip

**33441**

Country

**US**

Zip

**33441**

Country

4. Date Incorporated or Qualified To Do Business in Florida

**03/15/1996**

5. FEI Number

**65-0647522**

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<b>PRES</b>	<b>JOAN PATA</b>	<b>1800 SO. OCEAN DRIVE STE. 1004 POMPAHO BEACH FL 33062</b>	<b>POMPAHO BEACH FL 33062</b>

**100002516351--9**

**05/07/98 01133 008**

**\*\*\*\*150.00 \*\*\*\*150.00**

8. Name and Address of Current Registered Agent

**JACKSON, ALEXANDER  
1800 SO. OCEAN DRIVE STE 1004  
POMPAHO BEACH FL 33062**

9. Name and Address of New Registered Agent

Name

**JOHN PATA**

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

**1717 S W 1ST WAY**

Suite, Apt. #, Etc.

**DEERFIELD BEACH**

City

State

**FL**

Zip Code

**33441**

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

**John Pata**

REGISTERED AGENT MUST SIGN

Date

**4/20/98**

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)(l), 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

**John Pata**

**4/20/98**

Date

**914 354-5116**

Daytime Phone #

CR20040 (8/97)