

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P96000032057

1. Corporation Name

ANTHONY TAMACCIO, JR. ENTERPRISES, INC.

FILED

97 DEC 24 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

~~7955 VILLA NOVA DRIVE~~
~~BOCA RATON FL 33432~~

Mailing Address

~~7955 VILLA NOVA DRIVE~~
~~BOCA RATON FL 33432~~

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

21675 Fall River Dr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

21675 Fall River Dr.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1996

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33428

Country

U.S.A.

Zip

33428

Country

U.S.A.

5. FEI Number

65-0671969

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	TAMACCIO, ANTHONY JR	7955 VILLA NOVA DRIVE 21675 Fall River Drive	BOCA RATON FL 33432 33428
S	TAMACCIO, WENDY	7955 VILLA NOVA DRIVE 21675 Fall River Drive	BOCA RATON FL 33432 33428

Handwritten initials and date: 12-24-97

4000002385104-7

-12/29/97-01133-024

***750.00 ***750.00

8. Name and Address of Current Registered Agent

MAURER, JANI E

**1489 W PALMETTO PARK ROAD STE 440
BOCA RATON FL 33431**

9. Name and Address of New Registered Agent

Name

Jani E. Maurer

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

555 South Federal Highway

Suite, Apt. #, Etc.

Suite 430

City

Boca Raton

State

FL

Zip Code

33432

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

Handwritten signature: Jani E. Maurer

REGISTERED AGENT MUST SIGN

Date 12/12/97

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)(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

Date

Daytime Phone #

Handwritten date: 12-18-97

CP20040 (8/97)