

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED
00 NOV 28 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057093

1. Corporation Name

NO DISTRACTIONS, Inc

2. Principal Office Address

4712 N. CLARK AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

Zip

33614

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

**4. Date Incorporated or Qualified
To Do Business in Florida**

JULY, 3, 1996

5. FEI Number

59-3398522

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul Daniel Parrino

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

15609 Lake Grace Drive

Suite, Apt. #, Etc.

City

Odessa

State

FL

Zip Code

33556

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

Paul D. Parrino

Date 11-27-00

REGISTERED AGENT MUST SIGN

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
P/D/S	PAUL PARRINO	15609 Lake Grace Dr.	Odessa, Fl. 33556
	JOSEPH P. PARRINO	3133 Palmetto St.	Tampa, fl. 33607
S/T/D	DEBORAH P. PARRINO	15609 Lake Grace Dr.	Odessa, fl. 33556

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:

Paul D. Parrino (PAUL D. PARRINO)

Date

11-9-00

Daytime Phone #

813-414-9279