

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 # P96000063431

1. Corporation Name

ANTHONY F. FORCELLA, INC.

Principal Place of Business

Mailing Address

1460 SO JEFFERSON AVENUE  
CLEARWATER FL 34616

1460 SO JEFFERSON AVENUE  
CLEARWATER FL 34616

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

2. New Principal Office Address, If Applicable

11520 110TH ST.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11520 110TH ST.  
Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

Zip

33776

Country

Zip

33776

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/01/1996

5. FEI Number

59-3390773

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)

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
1	2	3	4
D	FORCELLA, ANTHONY F	1460 SO JEFFERSON AVENUE	CLEARWATER FL 34616
		11520 110TH ST.	LARGO, FL 33776

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FORCELLA, ANTHONY F  
1460 SO JEFFERSON AVENUE  
CLEARWATER FL 34616

Name

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

11520 110TH ST.  
Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33776

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

*[Signature]*

**NOTICE REQUIRED**

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 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]*  
**NOTICE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 DEC -2 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CFR2040 (9/98)

①  
Gindy: 11/23/98

As per your directions in  
our phone conversation today.

I am writing to let you know

that I have not received any  
communication from your office

until receiving this certificate  
dissolving my corporation. I have

moved this past year & have a

new address. I am enclosing

a check for the amount

of \$150 as you stated.

Thank you for your  
help in this matter.

With Love