

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

MAR 26 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98-9900

REINSTATEMENT

DOCUMENT #

1. Corporation Name

Baggio Enterprises, Inc
P96000076419

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

7311 NW 12th Street

3. New Mailing Office Address, If Applicable

7311 NW 12th Street

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami - FL

Zip 33126

Country USA

Zip 33126

Country USA

5. FEI Number

65-0694571

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
Pres	MARIA CECILIA BAGGIO	3210 SE 10th Street Pompano Beach, FL 33062	Pompano Beach, FL 33062

600002832166-3
-04/07/99-01071-012
***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name JULIANA ADUILINO FRANCA

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

3961 N. Federal Hwy

Suite, Apt. #, Etc.

POMPANO BEACH

City

State

FL

Zip Code

33064

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

Juliana Aduilino Franca
REGISTERED AGENT MUST SIGN

Date

3/21/99

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)(j), 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

3/21/99
Date

(305) 710-1041
Daytime Phone #

CR2040 (1-98)