

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 22 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000093888**

1. Corporation Name

**STRUZZIERI PROPERTIES, INC**

2. Principal Office Address

**500 NE 8 AVE**

3. Mailing Office Address

**500 NE 8 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**OCALA FL**

City & State

**OCALA FL**

Zip

**34470-5345**

Country

**MARION**

Zip

**34470-5345**

Country

**MARION**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11-15-1996**

5. FEI Number

**59-3416753**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 99-03**

**7. Name and Address of Current Registered Agent**

Name

**FRANK C. AMATEA**

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

**500 NE 8 AVE**

Suite, Apt. #, Etc.

City

**OCALA**

State

**FL**

Zip Code

**34470-5345**

500024026055  
10/22/03--01070--028 \*\*1800.00  
500024026055  
10/22/03--01070--029 \*\*81.75

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

*Frank C. Amatea*

REGISTERED AGENT MUST SIGN

Date **10-20-2003**

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	Thomas G. Struzzieri	319 Main St.	Saugerties, NY 12477-1330
D	Frank C. Amatea	500 NE 8 Ave.	Ocala, FL 34470-5345

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:

*Frank C. Amatea*

**Frank C. Amatea, Director**

**10-20-03**

**352-732-4740**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E01 (10/02)

**FRANK C. AMATEA**

**LAWYER**

(352) 732-4740  
FAX (352) 867-5111

500 N. E. EIGHTH AVENUE  
**OCALA, FLORIDA 34470**

October 20, 2003

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

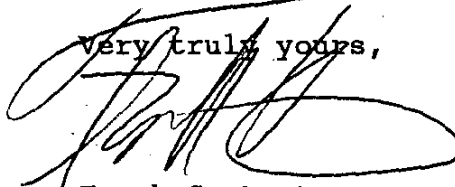
RE: Struzzieri Properties, Inc.  
P96000093888

Ladies/Gentlemen:

Enclosed is application for corporation reinstatement for the subject corporation together with my client's check for \$1,800.00 for the reinstatement fees.

Enclosed is my check for \$8.75 for a certificate of status.

Very truly yours,



Frank C. Amatea

FCA:ejm  
Enclosures

cc: Mr. Thomas G. Struzzieri  
VIA FAX (845) 246-6371