

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
B. M. B. M.
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN -4 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000018148

1. Corporation Name

EMPIRE DEVELOPMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

8241 N.W. 49TH COURT
CORAL SPRINGS FL 33067

8241 N.W. 49TH COURT
CORAL SPRINGS FL 33067

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3151 NW 72 AVE

3151 NW 72 AVE

City & State

City & State

MARGATE FL

MARGATE FL

Zip

Zip

33063

BROWARD

33063

BROWARD

REINSTATEMENT

98-99AR

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1997

5. FEI Number

Applied For

650727018

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
D	GUCCIONE, GREGORY	8241 N.W. 49TH COURT	CORAL SPRINGS FL 33067
	GUCCIONE, GREGORY	3151 NW 72 AVE	MARGATE FL 33063

200002902822--0
-06/14/99--01005--004
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUCCIONE, GREGORY
8241 N.W. 49TH COURT
CORAL SPRINGS FL 33067

Name

GUCCIONE, GREGORY

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

3151 NW 72 AVE

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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]
REGISTERED AGENT MUST SIGN

Date 4/27/99

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., and 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

4/27/99

Date

954 255 8062

Daytime Phone #

CR2E040 (9/98)