

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 21 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026259

1. Corporation Name

Thomas D. Daiello, P. A.

2. Principal Office Address - No P.O. Box #

350 Camino Gardens Boulevard

Suite, Apt. #, etc.

Suite 301

City & State

Boca Raton, Florida

Zip

33432

Country

USA

3. Mailing Office Address

350 Camino Gardens Boulevard

Suite, Apt. #, etc

Suite 301

City & State

Boca Raton, Florida

Zip

33432

Country

USA

09/01/10 - 01039-021
CR2E081 (6/10) 750⁰⁰

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1997

5. FE# Number

650750347

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

Thomas D. Daiello

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

350 Camino Gardens Boulevard

Suite, Apt. #, Etc.

Suite 301

City

Boca Raton

State

FL

Zip Code

33432

100174169581
06/23/10--01011--013 **150.00

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

REGISTERED AGENT MUST SIGN

Date June 21, 2010

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	Thomas D. Daiello	350 Camino Gardens Boulevard, Suite 301	Boca Raton, FL 33432

REINSTATEMENT

RH

10. E-mail Address: tdd@tddlloffices.com

(To be used for future annual report notification)

11. 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. I further certify, 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

06/21/2010 561-395-1599

Date

Daytime Phone #