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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR</b> <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div>		<b>FLORIDA DEPARTMENT OF STATE</b> Jim Smith Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center; font-size: small;">DO NOT WRITE IN THIS SPACE</div> <div style="text-align: center; font-size: large; font-weight: bold;">99 JUN 25 AM 9:32</div> <div style="text-align: center; font-size: small;">FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA</div>	
Read Instructions on Other Side Before Making Entries Make Check Payable To: <b>Department of State</b>					
1. Name and Mailing Address of Corporation: <b>DOCUMENT # P97000031145</b> <b>GENNARO &amp; COMPANY, INC.</b> <b>4752 N. CONGRESS AVENUE</b> <b>BOYNTON BEACH, FL 33462</b>			2. If Address in Block 1 is incorrect in any way, enter the correct address below: Address <b>6574-HYPOLUXO RD.</b> City and State <span style="float: right;">Zip Code</span> <b>BOYNTON BEACH, FL 33467</b> 3. If Principle Office Address is different from mailing address, enter address below: Address <b>6574-HYPOLUXO RD.</b> City and State <span style="float: right;">Zip Code</span> <b>BOYNTON BEACH, FL 33467</b>		
4. Date Incorporated or Qualified To Do Business in Florida <b>04/04/1997</b>		5. FEI Number <b>65-0794607</b>		6. <b>\$8.75 Additional Fee required for a Certificate of Status</b> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4	5	6
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		
D	BREEDLOVE, RALPH	921-19th STREET	BOCA RATON, FL, 33486		
D	GENNARO, THOMAS	12341- TIFTON COURT	BOCA RATON, FL 33428		
D	GENNARO, ANGELA	12341- TIFTON COURT	BOCA RATON, FL 33428		
<b>REGISTERED AGENT INFORMATION</b> 8. Name and Address of Current Registered Agent <b>TEDESCO, ROY S. ESQ.</b> <b>980-N. FEDERAL HIGHWAY</b> <b>SUITE 302</b> <b>BOCA RATON, FL 33432</b>			9. If changed, new registered agent / office Name <b>THOMAS GENNARO</b> Street Address (Do NOT Use P.O. Box Number) <b>6574-HYPOLUXO RD.</b> Street Address (Do NOT Use P.O. Box Number) City <span style="float: right;">State Zip</span> <b>BOYNTON BEACH FL. 33467</b>		
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			Date <b>6/7/99</b> <div style="text-align: center; font-size: x-small;">REGISTERED AGENT MUST SIGN</div>		
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. 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 that all fees owed by the corporation have been paid. 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 of Officer or Director			Date _____ Daytime Phone # _____		
Typed or printed name of signing officer or director					