


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 DEC -5 PM 2:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000050133**

1. Corporation Name

**JOSEPH J. JACOBONI, P.A.**

Principal Place of Business

Mailing Address

PO BOX 952488  
 LAKE MARY FL 32746  
 US

3487 BUFFAM PLACE  
 CASSELBERRY FL 32707



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/02/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3395270	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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	4 City / State / Zip
DP	JACOBONI, JOSEPH J	5481 WAYSIDE DR.	SANFORD FL 32771
			000003506130--8 -12/19/00--01079--007 ***750.00 ***750.00
			REINSTATEMENT <i>DD 1/78</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBONI, JOSEPH J 5481 WAYSIDE DR. SANFORD FL 32771		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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 REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 11/30/00

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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/00

Date Daytime Phone #