

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000063783

1. Entity Name
GIULIO, INC.



FILED

05 OCT 10 PM 2:47

SECRET
TAL...

Principal Place of Business
4417 SW 18TH PL
CAPE CORAL, FL 33914

Mailing Address
4417 SW 18TH PL
CAPE CORAL, FL 33914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052005

REIN-P

CR2E098 (6/04)

4. FEI Number

65-0770149

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIULIANO, FRANK
4417 SW 18 PL
CAPE CORAL, FL 33914

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GIULIANO, FRANK
STREET ADDRESS 4417 SW 18 PL
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME GIULIANO, MARLENE
STREET ADDRESS 4417 SW 18 PL
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME GIULIANO, JOHN
STREET ADDRESS 3935 COUNTRY CLUB BV
CITY-ST-ZIP CAPE CORAL, FL 33904

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-5-05

REINSTATEMENT 05

700060456487
10/10/05--01074--009 **150.00

806 SE 46TH STREET, 2-E
CAPE CORAL, FL 33904