

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 23 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000072390

1. Corporation Name

PORCINI ENTERPRISES INC.

Principal Place of Business

Mailing Address

202 EAGLETON ESTATES BLVD  
PALM BEACH GARDENS FL 33418

202 EAGLETON ESTATES BLVD  
PALM BEACH GARDENS FL 33418



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

08/20/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0779205

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	JOANNE J. HERRON	202 EAGLETON ESTATE BLVD	PALM BEACH GARDENS FL 33418

800002702248--4  
12/03/98-01094-001  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DELISI, MARTIN V  
4361 NORTHLAKE LAKE BLVD  
PALM BEACH GARDENS FL 33418

Name

JOANNE J. HERRON

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

202 EAGLETON ESTATE BLVD

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

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

*JOANNE J. HERRON*  
REGISTERED AGENT MUST SIGN

Date

11/18/98

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., 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:

*JOANNE J. HERRON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98

Date

(561) 624-0530

Daytime Phone #

CR2E040 (9/98)

20f2

PORCINI ENTERPRISES, INC.  
202 EAGLETON ESTATES BLVD.  
PALM BEACH GARDENS, FLORIDA 33418

561-624-0530

NOVEMBER 17, 1998

DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILINGS  
PO BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

TO WHOM IT MAY CONCERN;

ENCLOSED PLEASE FIND OUR ANNUAL REPORT WITH A CHECK IN THE AMOUNT  
OF \$ 150.00.

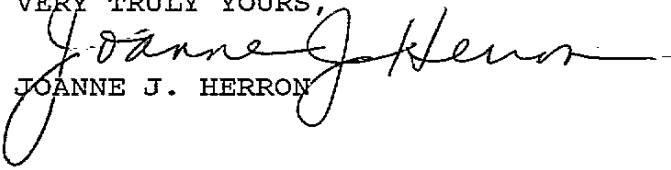
PLEASE ACCEPT OUR APOLOGIES AS THIS IS OUR FIRST YEAR IN BUSINESS  
AND WE HONESTLY DID NOT RECEIVE OR KNOW ABOUT THIS ANNUAL RE-  
QUIREMENT.

TO BE SURE THIS WILL NEVER HAPPEN AGAIN.

I AM NEW TO FLORIDA LAWS AS THIS IS MY FIRST VENTURE AS A CORPO-  
RATION.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

VERY TRULY YOURS,

  
JOANNE J. HERRON