PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEME	1 2 2 2 2 2 2 2 2	FLORIDA DEPARTIN Secretary of DIVISION OF COR	of State		10 FEB 25 AM 8	ia.
DOCUMENT # <i>P97000082767</i> 1. Corporation Name				ALLAHASSEE FLORIDA		
BARTHOLOMEW, VITELLI, INC.				100168448381 02/25/1001037006 **158.75 100168448381 02/10/1001034007 **150.00		
2. Principal Office Address - No P.O. Box # H20 SE 17 S+. Suite, Apt. #, etc.		3. Mailing Office Address PO Bx 4843 Suite, Apt. #, etc.		CR2E081 (11/09) 09-10		
City & State	FORIDA Country US	City & State OCALA,	Floriba Country US	5. FEI Number	3 4 69 69 8 S8.75 A	Applied For Not Applicable Additional Fee required Certificate of Status
7. Name and Address of Current Registered Agent Name MARIO VITGLLI Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City OCALA State Zip Code 344471				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
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 Mario Litella Date REGISTERED AGENT MUST SIGN						
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	
,	MARIO VITELLI		420 SE 1745 420 SE1745		OCA LA	Floripa
D BARTHOLOMEW-Vitelli, CAROL 420.					OCALA,	+loripa
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10. E-mail Address: DR CAROL 4U@ AOC. 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 Date Date Date						
	SIGNATURE AND T	YPED OR PRINTED NAME OF SA	IGNING OFFICER OR DIRECT	OR .	Date	usytime Phone #