

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Division of Corporations

FILED

01 OCT 15 AM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

JOSEF PRECCI & ASSOCIATES INC.

2. Principal Office Address

354 CHILEAN AVE

Suite, Apt. #, etc.

APT 5D

City & State

PALM BEACH, FL

Zip

33480

Country

USA

3. Mailing Office Address

354 CHILEAN AVE

Suite, Apt. #, etc.

APT 5D

City & State

PALM BEACH, FL

Zip

33480

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/97

5. FEI Number

58-2354360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEF PRECCI

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

354 CHILEAN AVE

Suite, Apt. #, Etc.

APT 5D

City

PALM BEACH FL

State

FL

Zip Code

33480

000004645130-8

-10/19/01--01025--018

\*\*\*608.75 \*\*\*608.75

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

(X) *Josef Precci*

JOSEF PRECCI

REGISTERED AGENT MUST SIGN

Date

10/11/01

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
PRES	JOSEF PRECCI	354 CHILEAN AVE	PALM BEACH FL 33480
			98-01 LIBRIS

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEF PRECCI

Date

Daytime Phone #

561-655-1424

CR2E081 (9/00)

KUPPERSMITH MOTTEL & CO., LLP

Certified Public Accountants

October 11, 2001

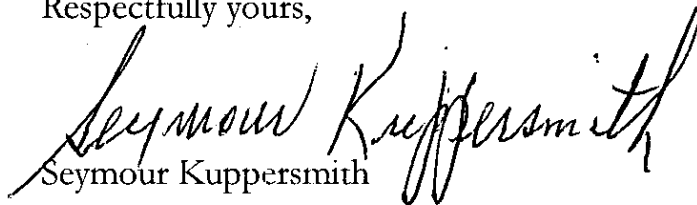
Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Dear Sir or Madam: RE: Josef Pricci & Associates, Inc.  
FEI Number: 58-2354360

We are the accountants for the above named corporation. Please accept our reinstatement application for the above corporation together with our check for \$608.75.

Due to a change in our registered agent, the annual form was not forwarded to us and since the company and the principal are new to the state of Florida we inadvertently neglected to be current with your requirements.

Respectfully yours,

  
Seymour Koppersmith

SK:bhm

Enclosures

cc: Josef Pricci & Associates, Inc.