

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2003
CORPORATION
REINSTATEMENT
LEBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -5 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 897000 107699

1. Corporation Name

Cicconi Family Corporation

2. Principal Office Address

104 N. Isle Drive

3. Mailing Office Address

P. O. Box 643

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Jenkintown, PA

Zip

34243

Country

USA

Zip

19046

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1997

5. FEI Number

23-2938872

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

Louis R. Cicconi

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

104 N. Isle Drive

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34243

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

REGISTERED AGENT MUST SIGN

Date 10/30/2002

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
PST	Alex Katz	1233 Fairy Hill Road	Rydal, PA 19046

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

10/30/2002 215-942-2400

Date

Daytime Phone #

CR2E081 (9/01)

202

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cicconi Family Corporation
104 North Isle Drive
Sarasota, FL 34243

October 30, 2002

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327

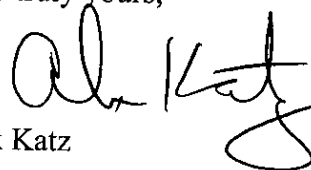
Reference: Document No. P97000107699

Dear Sirs:

Enclosed please find an Application for Reinstatement. Also enclosed is a check in the amount of \$158.75, which includes a fee of \$8.75 for a certificate of status. I did not receive any prior notices or forms on this matter. Accordingly, I understand that the fee for reinstatement will be \$150.00 and not \$750.00.

Please process this form and issue a certificate of status.

Very truly yours,



Alex Katz