

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -3 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000025379

1. Corporation Name

JOHN ASMODEO, INC.

Principal Place of Business

25567 LUCI DR
BONITA SPRINGS FL 34135

Mailing Address

25567 LUCI DR
BONITA SPRINGS FL 34135

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1998

5. FEI Number

59-3500103

Applied For

Not Applicable

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 3	City / State / Zip 4
D	ASMODEO, JOHN	9842 CAROLINA STREET	BONITA SPRINGS FL 34135
			800003478618--8 -11/28/00--01079--019 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

SCHWEITZER, CHARLES E
1040 BAYVIEW DRIVE
FT. LAUDERDALE FL 33304-2542

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

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 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

Date

Daytime Phone #

10/31/00 (940)
253-3984



John Asmodeo, Inc. Install Services

25567 Luci Drive
Bonita Springs, FL 34135
Phone (941) 495-9827
Cell: (941) 253-3984
Fax: (941) 498-1454

DATE
P.O.

2082
19/3/00

Customer _____
Address _____
City/State/Zip _____
Phone _____

Bill To: _____
Name _____
Address _____
City/State/Zip _____
Phone _____

QUANTITY	W	H	IB OB	DESCRIPTION	UNIT PRICE	AMOUNT
				FLORIDA DEPT OF STATE		
				I NEVER RECEIVED A YEAR 2000 REPORT		
				IF I DID I WOULD HAVE SENT IN PAYMENT		
				IN A TIMELY MANNER AS I DID IN		
				99 I WOULD LIKE TO HEAR THIS		
				CORPORATION NAME IT ONLY COST		
				150.00 TO FORM CORPORATION I WILL		
				BE FORCED TO CHANGE NAME AND START		
				NEW IF THIS FEE IS NOT WAIVED		
				I DO NOT HAVE CONTROL OF THE		
				MAIL AND SHOULD NOT BE PENALIZED		
				FOR IT.		
				PLEASE DO THE FAIR		
				THING		
				THANKS		
				JA		

CUSTOMER REVIEWED
DETAIL ON
MEASUREMENTS

Sub Total

Tax

Total

Deposit

BALANCE