

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000047971

1. Corporation Name

POPELLI'S, INC.

Principal Place of Business

1704 CLEARWATER LARGO ROAD
CLEARWATER FL 33756

Mailing Address

1704 CLEARWATER-LARGO ROAD
CLEARWATER FL 33756

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.

2118 Wyatt Circle

City & State

Punta Gorda, FL

Zip

33950

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

2118 Wyatt Circle

City & State

Punta Gorda, FL

Zip

33950

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1998

SP

5. FEI Number

59-3520075

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
P	POWELL, ROBERT D	2118 WYATT CIR	PUNTA GORDA FL 33950

200003471272--7
-11/20/00--01151--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CAROTENUTO, MARY

3000 GULF TO BAY BLVD., SUITE 206

CLEARWATER FL 33759

9. Name and Address of New Registered Agent

Name

STEPHEN G. WATTS

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

809 ORWID RD.

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33757

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]

REGISTERED AGENT MUST SIGN

Date 10/24/00

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

Robert D Powell Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D Powell

10/25/00

Date

941-505-9092

Daytime Phone #