

APPLICATION FOR REINSTATEMENT



1072

FILED
00 DEC -6 PM 3:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000069927**
1. Corporation Name
DARLENE PIFALO, INC.

Principal Place of Business: **ERA TREND REALTY, GAINESVILLE FL 32606**
Mailing Address: **4141 NW 37 PL, GAINESVILLE FL 32606**



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: **08/06/1998**

5. FEI Number: **NOT APPLICABLE**
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PIFALO, DARLENE	1035 N.W. 41ST STREET	GAINESVILLE FL 32605
			100003509831 -12/21/00--01021--025 *****70.00 *****70.00
			200003509832-- 4 -12/21/00--01021--026 *****88.75 *****88.75

8. Name and Address of Current Registered Agent
**PIFALO, DARLENE
1035 N.W. 41ST STREET
GAINESVILLE FL 32605**

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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]* **SIGNATURE REQUIRED** Date: **11/4/00**
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]* **SIGNATURE REQUIRED** Date: **11/4/00** Daytime Phone #: **KE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)



Always There For YouSM

Nov 4 2008

Dear Mr. Harris,

I have never received
any other notice than this
one.

I have enclosed the
normal fee of \$58.75

Sincerely
Harlow

