

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 18 PM 6:47

DOCUMENT # P98000106074

1. Corporation Name

SCIASCIA & SONS INC.

Principal Place of Business

Mailing Address

265 S FEDERAL HWY
274
DEERFIELD BEACH FL 33441

265 S FEDERAL HWY
274
DEERFIELD BEACH FL 33441

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3554897

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	SCIASCIA, CHARLIE SR.	265 S FEDERAL HWY	DEERFIELD BEACH FL 33441
V	SCAISCIA, CHARLIE JR.	265 S FEDERAL HWY	DEERFIELD BEACH FL 33441
ST	SCAISCIA, AGNES	265 S FEDERAL HWY	DEERFIELD BEACH FL 33441

500004663575--6

-11/02/01--01012--002

****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

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

Date

10/15/01

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)(c), 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 #

292
MEMO

10/15/01

Sciasey & Sons INC.
265 S. Federal Hwy #349
Deerfield Beach, FL 33441

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

We never received the Original
Annual Report from your office
so as per your Direction I am
enclosing the normal annual fee
amount of \$150⁰⁰ ex.

Sincerely

Cheryl S.