

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
The Harris
Division of State
CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -8 PM 2:42

DOCUMENT # P98000108234

1. Corporation Name

Sicurella and Boyle P.A.

2. Principal Office Address

3801 W. Lake Mary Blvd.

Suite, Apt. #, etc.

Suite 131

City & State

Lake Mary, FL

Zip

32746

Country

U.S.

3. Mailing Office Address

3801 W. Lake Mary Blvd.

Suite, Apt. #, etc.

Suite 131

City & State

Lake Mary, FL

Zip

32746

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/98

5. FEI Number

593577368

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

Joseph Sicurella

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

3801 W. Lake Mary Blvd.

Suite, Apt. #, Etc.

Suite 131

City

Lake Mary

State

FL

Zip Code

32746

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

Joseph Sicurella

Date

5/1/00

REGISTERED AGENT MUST SIGN

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
Pres	Joseph Sicurella	1325 Rotonda Pointe Apt 317	Lake Mary FL 32746
V. Pres	Joseph Boyle	1485 Farronden Circle	Heathrow, FL 32746

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:

Joseph Sicurella

5/1/00

407 321-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #