

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000011880

1. Corporation Name

JOANNE LAUDICINA, INC.

Principal Place of Business

71 GOLFVIEW ROAD
ROTONDA FL 33947

Mailing Address

71 GOLFVIEW ROAD
ROTONDA FL 33947

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

02/08/1999

5. FEI Number

65-0901880

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	LAUDICINA, JOANNE	71 GOLFVIEW RD	ROTONDA WEST FL 33947
D	JACKSON, CATHRENE L	685 CAKMOOR DR.	BIRMINGHAM AL 35209
D	LAUDILINA, ALLISON	3550 N. LAKESHORE DR.	CHICAGO IL 60657

100024260461
10/29/03--01071--023 **150.00

8. Name and Address of Current Registered Agent

LAUDICINA, JOANNE
71 GOLFVIEW ROAD
ROTONDA FL 33947

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. or 617.0505, F.S.

Signature of
Registered Agent

Joanne Laudicina, Pres.
REGISTERED AGENT MUST SIGN

Date

10-20-03

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:

Joanne Laudicina, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-03

Daytime Phone #

(941)
697-7812

CR2E040 (7/00)

**Joanne Laudicina, Inc.
71 Golfview Road
Rotonda, FL 33947
941 697 7818**

10/20/2003

To whom it may concern,

I am writing this letter as advised by your office representative. I have received notice that my Corporation has been dissolved due to the fact that I did not file the Uniform Business Report. To date this has always been done in a timely fashion. I must tell you that in all honesty I cannot remember ever receiving notice to file this year. Having said that I will also say that this year has been a hardship year, which was marked by long term illness in the family and finally death.

It's been very difficult. So, to that end I am asking for leniency in this matter.

I am enclosing a check for \$150. I hope that this amount will put me in good standing with the state once again.

Regards,

Joanne Laudicina

Joanne Laudicina