

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000030593

1. Corporation Name

RAFAEL FILIPPELLI, INC.

Principal Place of Business

17831 ORANGE GROVE BLVD
LOXAHATCHEE FL 33470

Mailing Address

17831 ORANGE GROVE BLVD
LOXAHATCHEE FL 33470

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1999

5. FEI Number

65-0887108

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	FILIPPELLI, RAFAEL	17831 ORANGE GROVE BLVD	LOXAHATCHEE FL 33470

200004671002--4
-11/07/01--01058--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILIPPELLI, RAFAEL
2158 POLO GARDENS DRIVE
#203
WELLINGTON FL 33414

Name

RAFAEL Filippelli

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

17831 ORANGE GROVE BLVD

Suite, Apt. #, Etc.

60

City

LOXAHATCHEE

State

Zip Code

FL 33470

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

Rafael Filippelli

REGISTERED AGENT MUST SIGN

Date

10/13/01

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:

Rafael Filippelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/01 (56) 7984726

Date

Daytime Phone #

CR2E040 (8/01)