

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 19 PM 4:35

DOCUMENT # P99000040065

1. Corporation Name

FRAN CUCHIARA, INC.

Principal Place of Business

Mailing Address

3715-1 SAN JOSE PLACE
JACKSONVILLE FL 32257

3715-1 SAN JOSE PLACE
JACKSONVILLE FL 32257



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

04/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3574601

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/V/D	CUCHIARA, FRAN	3715-1 SAN JOSE PLACE	JACKSONVILLE FL 32257
			000004745080--4
			-12/31/01--01064--003
			*****150.00 *****150.00

10/12/27

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CUCHIARA, FRAN
3715-1 SAN JOSE PLACE
JACKSONVILLE FL 32257

Name
Fran Cuchiara
Street Address (P.O. Box Number is Not Acceptable)
3715-1 San Jose Place
Suite, Apt. #, Etc.
City
Jacksonville
State
FL
Zip Code
32257

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

Fran Cuchiara

Date

10/18/01

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)(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:

Fran Cuchiara

10/18/01 (904) 880-0603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

2 of 2

Fran Cuchiara, MA, LMHC

3715-1 San Jose Place
Jacksonville, FL 32257
(904) 880-0603
Fax (904) 880-0802

October 18, 2001

To Whom It May Concern,

I received Dissolution Notice,
but did not have the original billing
which was \$150.⁰⁰, or was as of
last year.

Please accept this immediately
and contact me if there are problems.
My correct address is above.

Sincerely,

Fran Cuchiara