

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

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**DOCUMENT # P99000040065**

1. Entity Name  
FRAN CUCHIARA, INC.



FILED  
05 NOV 29 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3715-1 SAN JOSE PLACE  
JACKSONVILLE, FL 32257

Mailing Address  
3715-1 SAN JOSE PLACE  
JACKSONVILLE, FL 32257



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

10172005 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3574601

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CUCHIARA, FRAN  
3715-1 SAN JOSE PLACE  
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD CUCHIARA, FRAN 3715-1 SAN JOSE PLACE JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300061762723 11/29/05--01070--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** FRAN CUCHIARA, Pres. 11/25/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Fran Cuchiara, MA, LMHC

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

November 4, 2005

To Whom It May Concern,

I recently received a letter pertaining to my corporation as well as ~~returning my 150. - Corporate fee.~~ The letter indicated that I ~~needed to~~ provide written statement that I only received 1 notice to pay in order to avoid dissolution.

I have signed the enclosed petition and am re-submitting the check covering filing fee and corporate supplemental fee.

Please Contact me if I have additional information to submit

Sincerely,

Fran Cuchiara