

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV -5 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000060155

1. Corporation Name

JOE ALAMPI, INC.

2. Principal Office Address

7777 GLADES ROAD

Suite, Apt. #, etc.

SUITE 209

City & State

BOCA RATON, FL

Zip

33434

Country

USA

3. Mailing Office Address

7777 GLADES ROAD

Suite, Apt. #, etc.

SUITE 209

City & State

BOCA RATON, FL

Zip

33434

Country

USA

REINSTATEMENT 07

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-0929764

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

ROBERT F. MAHONEY, P.A., CPA

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

7777 GLADES ROAD, SUITE 209

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33434

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

Date 10/30/04

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
D,P,S	JOSEPH ALAMPI	7777 GLADES RD, SUITE 209	BOCA RATON, FL 33434

308842524863
11/05/04--01052--003 **150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/04

Date

561-451-9990

Daytime Phone #

CR2E081 (01/04)

2072

FILED

04 NOV -5 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 30, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Joe Alampi, Inc.
P99-60155

Dear Sirs:

Enclosed please find the Reinstatement Report for the above noted organization. Per conversation with your office the corporation was dissolved in 2004 for failure to file an annual report.

We did not receive the annual report.

We hereby submit the Reinstatement Application and the \$150 fee. Thank you for your assistance.

Very truly yours,



Joseph Alampi
President