

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAGE 012

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 18 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078794

1. Corporation Name

P920 FOODS INC

2. Principal Office Address

915 DOYLE ROAD

Suite, Apt. #, etc.

DELTONA FL.

City & State

FL.

Zip

32721

Country

USA

3. Mailing Office Address

915 DOYLE ROAD

Suite, Apt. #, etc.

DELTONA FL.

City & State

FL.

Zip

32721

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/30/1999

5. FEI Number

59-3596652

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

PAT CASALASPINO

500004926455-4

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

1101 WEST NORTH

BLVD

#1

-02/14/02-01061-04

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

LEESBURG

FL.

City

State

FL

Zip Code

34748

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

PAT CASALASPINO

Date 1/14/02

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 CASALASPINO PAT

1101 WEST NORTH BLVD

LEESBURG FL 34748

D BOCCROSSA, PIERO

2570 SPT SKICR

ORANGE CITY 32763

#13

500004926455-4

-02/14/02-01061-015

\*\*\*\*150.00 \*\*\*\*150.00

01-02 UBR TS

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

PAT CASALASPINO

Date

1/14/02

Daytime Phone #

(352) 516-7682

CR2E081 (9/01)

Page 2 of 2

PAT CASALASPRO  
1101 WEST NORTH BLVD # 1  
LEESBURG FL. 34748

Dear FLORIDA DEPARTMENT OF STATE:

I am writing this letter on behalf of the (6) six Florida Corporations I have had with the state for the last 12 years. I have just found out that the Corporations have been dissolved. I never received the reinstatement forms to keep them current, I looked up on the web to find out what I should do it says to write a letter and enclose \$300.00 to reinstate the corporations. I have had these corporations for a long time and hope I can have them reinstated. I think part of the problem is the address I think the whole address has to be spelled out like I did in the start of the letter. I thank you for your attention to this matter and I will enclose my phone number to reach me at (352) 516-7682. I thank you again.

PAT CASALASPRO  
1101 west north blvd #1  
LEESBURG FL 34748