

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

pg. 1 of 2

DOCUMENT # P99000092592

1. Corporation Name

PIPPENELLA'S, INC.

00 OCT 16 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3400 S DIXIE HWY
WEST PALM BEACH FL 33405

3400 S DIXIE HWY
WEST PALM BEACH FL 33405



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

10/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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
PD	GENOVESE, JOHN	3400 S DIXIE HWY	WEST PALM BEACH FL 33405
VD	GENOVESE, ANTHONY	3400 S DIXIE HWY	WEST PALM BEACH FL 33405

800003446648-4
-11/01/00-01039-013
****150.00 / ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GENOVESE, JOHN
- 3400 S DIXIE HWY
WEST PALM BEACH FL 33405

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00 561-833-5800
(Replacement
for original form)

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October 12, 2000

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

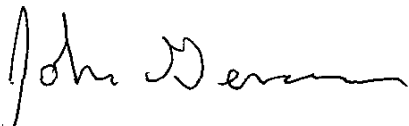
Corporation Name : Pippenella's Inc.
Document Number : P99000092592

Form : Uniform Business Report
Year : 2000

We have just received your Reinstatement Report on the corporation referenced above. We are writing to advise you that our report was mailed in on April 18, 2000 along with our check #1079 in the amount of \$150.00. Upon receipt of your reinstatement report, we checked with our bank and according to their records, our check has not been cashed as of this date and obviously, the complete package has been lost in the mail or misplaced. We are enclosing and ask that you accept our replacement check. Unfortunately, we did not keep a copy of the original report that we filed, and therefore, we are signing the one we have just received and ask that you please include it as the report necessary for the annual filing.

Your immediate attention and adjustment to our records will be greatly appreciated.

Sincerely,



John Genovese
Registered Agent