

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000092648

1. Corporation Name

DIMEOLA & COMPANY, INC.

Principal Place of Business

Mailing Address

~~17700 LITTEN DRIVE~~  
BOCA RATON FL 33498

~~17700 LITTEN DRIVE~~  
BOCA RATON FL 33498

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

17798 LITTEN DRIVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

17798 LITTEN DRIVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/1999

5. FEI Number

65-0960736

Applied For

Not Applicable

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
DPST	DIMEOLA, RICHARD	<del>17700 LITTEN DRIVE</del> 17798	BOCA RATON FL 33498

700023752477  
10/13/03--01074--017 \*\*158.75

8. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ  
GREENSPOON MARDER HIRSCHFELD ET AL  
100 WEST CYPRESS CREEK ROAD SUITE 700  
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name: STEVEN R. BLECKER  
Street Address (P.O. Box Number is Not Acceptable): BLECKER, LEWINGER + CO  
Suite, Apt. #, Etc.: SUITE 306, 6600 N. ANDREWS AV.  
City: FT. LAUDERDALE State: FL Zip Code: 33309

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. or 617.0505, F.S.

Signature of  
Registered Agent

STEVEN R. BLECKER *[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

*Richard L. Dimeola*  
RICHARD L. DIMEOLA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/2003

CR2E040 (7/03)

**DiMeola & Company, Inc.**  
**17798 Litten Drive**  
**Boca Raton, Florida 33498**

e-mail: [dimeola@dimeola.com](mailto:dimeola@dimeola.com) Phone: 561-488-1798 Fax: 561-488-1719

October 10, 2003

Florida Department of State  
Glenda E. Hood  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Madam:

Enclosed is the form for the reinstatement of this corporation, DiMeola & Company, Inc.

We wish to state that we did not receive the uniform business report (UBR), possibly because of an incorrect address in your records. We have corrected the address on the enclosed form.

We have also changed our Registered Agent and have so indicated this in the form.

We enclose a check in the amount of \$158.75 representing \$150 filing fee and \$8.75 for a certificate of status.

Very truly yours,



Richard L. DiMeola  
Chairman