

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

2000 WSR

192

FILED

00 DEC -8 PM 3: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000099129**

1. Corporation Name

DONALD E. GRIECO, P.A.

Principal Place of Business

Mailing Address

1956 MAIN STREET
SARASOTA FL 34236

1956 MAIN STREET
SARASOTA FL 34236

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

11/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0983402

Not Applicable

Zip

Country

Zip

Country

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
President	Donald E. Grieco	1956 Main ST Sarasota FL 34230	Sarasota FL 34230
Secretary	Donald E. Grieco	1956 Main ST	Sarasota FL 34230
Treasurer	Donald E. Grieco	1956 Main ST	Sarasota FL 34230
			100003499701--4 -12/13/00--01065--019
			****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KING, CLIFFORD M
2033 MAIN STREET SUITE 303
SARASOTA FL 34237

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date 10-20-2000

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

Donald E. Grieco

President

10/30/00

Date

9419334692

Daytime Phone #

10/30/00

CR2040 (8/00)

BURZYNSKI & GRIECO
ATTORNEYS AT LAW

P.O. Box 49632
Sarasota, FL 34230 6632
941 953 9692
Fax 941 955 9897

October 18, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please be advised I received a Notice of Administrative Dissolution or Revocation on October 16, 2000. The notice I received on October 16, 2000, was the first and only notice I have received.

Enclosed please find an application for reinstatement along with a check in the amount of \$150. I ask that I not be penalized for my application not arriving in your Department, which was beyond my control. Furthermore, this is the only notice I received in regards to the delinquency.

If you have any questions or wish to discuss the above, please feel free to call.

Sincerely,



Donald E. Grieco

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