

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000101303

1. Corporation Name

LA FAMIGLIA, INC.

FILED

01 JAN -2 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

214 WEST COCOA BEACH CAUSEWAY
COCOA BEACH FL 32931

Mailing Address

214 WEST COCOA BEACH CAUSEWAY
COCOA BEACH FL 32931

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/1999

SP

5. FEI Number

59-3616388

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CERQUA, MAUREEN J	1905 SYKES CREEK DRIVE	MERRITT ISLAND FL 32953
VD	CERQUA, STEPHEN SR	1505 ARLINGTON CIRCLE	MERRITT ISLAND FL 32952
STD	MARKWITH, ROBERT C	107 S INDIAN CIRCLE	COCOA, FL 32922-6919

200003533692--2
-01/11/01--01103--010
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CERQUA, MAUREEN J
214 WEST COCOA BEACH CAUSEWAY
COCOA BEACH FL 32931

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED
MAUREEN J CERQUA

Date

12/28/2000

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/2000 321-784-9050
Date Daytime Phone #

CR2EM40 (8/00)