

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 29 AM 11:53

DOCUMENT #

1. Corporation Name
P99000101303
La Famiglia, Inc

REINSTATEMENT 03-05

100058045611
07/29/05--01051--003 **1050.00

2. Principal Office Address
214 W Cocoa Beach Causeway

3. Mailing Office Address
214 W Cocoa Beach Causeway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

Zip
32931

Country
Brevard

Zip
32931

Country
Brevard

4. Date Incorporated or Qualified
To Do Business in Florida 11/18/1999

5. FEI Number
59-3616388

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

Stephen Cerqua, Jr

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

214 W Cocoa Beach Causeway

Suite, Apt. #, Etc.

City

Cocoa Beach

State

FL

Zip Code

32931

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

Stephen Cerqua Jr
REGISTERED AGENT MUST SIGN

Date 7/26/05

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
PD	Stephen Cerqua, Jr.	1305 Arlington Circle	Merritt Island, FL 32953
VD	Maureen J Cerqua	1905 Sykes Creek Dr	Merritt Island, FL 32953
STD	Stephen Cerqua, Sr.	1305 Arlington Circle	Merritt Island, FL 32953

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:

Stephen Cerqua Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/05 321 302 2636
Date Daytime Phone #

CR2E081 (01/05)