

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 22 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 099000102753

1. Corporation Name

PULEO ASSOC. INC

100086168221
01/25/07--01004--011 **600.00

REINSTATEMENT
GR2E081 (12/05)

2. Principal Office Address

300 GOLF BROOK CIR

Suite, Apt. #, etc.

#200

City & State

LONGWOOD, FL

Zip

32779

Country

USA

3. Mailing Office Address

300 GOLF BROOK CIR

Suite, Apt. #, etc.

#200

City & State

LONGWOOD, FL

Zip

32779

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1999

5. FEI Number

061579792

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

PETER A. MCFARLANE

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

409 S. LAKE AVE

Suite, Apt. #, Etc.

City

LAKE LAND

State

FL

Zip Code

33801

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

Peter A. McFarlane

Date

1/2/07

REGISTERED AGENT MUST SIGN

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
D	DENNIS J. PULEO	300 GOLF BROOK CIR #200	LONGWOOD, FL 32779
D	JOANNE A. PULEO	300 GOLF BROOK CIR #200	LONGWOOD, FL 32779

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 contained in Chapter 119, 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:

Dennis J. Puleo (DENNIS J. PULEO)

1/2/07 407-221-7628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20f2



MAN
IN THE
MIRROR

I FOUND
YOU!
YOU HAVE WRONG
ADDRESS!!
VERY OLD
ONE!!

SIR OR MADAM;

I DID NOT RECIEVE OUR 2004
ANNUAL FILING NOTICE - ~~OR~~ ANY THEREAFTER.
EVIDENTLEY THE NEW ADDRESS
CHANGE WAS MISSED IN THE SHUFFLE!!

PLEASE WAIVE THE REINSTATEMENT
FEE.

ATTACHED IS (4) YEARS FEES:

2004 ; 2005 ; 2006 & 2007
(\$ 600) WE ARE EMBARRASSED!!

I ONLY DISCOVERED THIS BY
ACCIDENT WHEN DOING A RECENT
CREDIT CK! Sorry, Andrew J. Miller

