


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

FILED

02 JUN 14, AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

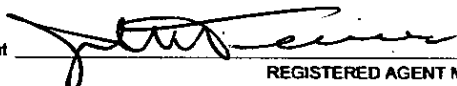
<b>CORPORATION</b> <del>REINSTATEMENT</del>				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P990000104723</b>					
1. Corporation Name <b>JOHN C. TUCCIO, P.A.</b>					
2. Principal Office Address <b>1411 AMESBURY COURT</b> Suite, Apt. #, etc.			3. Mailing Office Address <b>SAME</b> Suite, Apt. #, etc.		
City & State <b>NEW PORT RICHEY FL</b>			City & State <b>FLORIDA</b>		
Zip <b>34655</b>	Country <b>PASCO</b>	Zip	Country		

2000-2002 VBR


4. Date Incorporated or Qualified To Do Business in Florida <b>11/29/99</b>	
5. FEI Number <b>59-3612217</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <b>JOHN TUCCIO</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1411 AMESBURY COURT</b>	
Suite, Apt. #, Etc.	
City <b>NEW PORT RICHEY</b>	State <b>FL</b>
Zip Code <b>34655</b>	

000005973953-3  
-06/25/02-01058-003  
\*\*\*\*450.00 \*\*\*\*450.00

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 	Date <b>4/28/2002</b>
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
<b>PRES</b>	<b>JOHN C. TUCCIO</b>	<b>1411 AMESBURY COURT</b>	<b>NEW PORT RICHEY, FL</b>
			<b>351.25-AC</b>
			<b>10.00-AR ARTS</b>
			<b>88.75-AR SUPP</b>

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:  <b>JOHN TUCCIO</b>	Date <b>4/28/2002</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # <b>727-845-3300</b>	

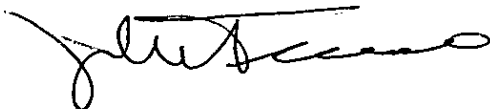
CR2E081 (8/01)

202

Florida Department of State  
Division of Corporations  
Att; Kathy Ashton

As per our conversation on June 6, 2002. I filed the articles for incorporation on November 24, 1999. I was not aware of any paperwork or reports that needed to be filed for this corporation. Therefore I did not submit the required 2000 uniform business report to you. In January of this year I was made aware of this requirement by my accountant and I immediately called your office and found that I had been placed as a inactive corporation. I would greatly appreciate it if you would consider waiving the penalties in order for my corporation to be reactivated. I have enclosed a check for the required amount. If you need any additional information please contact me at 727-845-3300.

Thank you



John Tuccio