

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 24 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000106582**

1. Corporation Name
P & R PROPERTY MANAGEMENT, INC

2. Principal Office Address
1721 HERITAGE OAKS CT

Suite, Apt. #, etc.

City & State
TARPON SPRINGS, FL

Zip
34689

Country
USA

3. Mailing Office Address
1721 HERITAGE OAKS CT

Suite, Apt. #, etc.

City & State
TARPON SPRINGS, FL

Zip
34689

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **12/09/1999**

5. FEI Number
593631926

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
PASQUALE LAMANNA

Street Address (P.O. Box Number is Not Acceptable)
1721 HERITAGE OAKS CT

Suite, Apt. #, Etc.

City
TARPON SPRINGS

State
FL

Zip Code
34689

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

REGISTERED AGENT MUST SIGN

Date **02/25/05**

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
D	PASQUALE LAMANNA	1721 HERITAGE OAKS CT	TARPON SPRINGS, FL 34689
D	RENE LOPEZ	1721 HERITAGE OAKS CT	TARPON SPRINGS, FL 34689

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:

PASQUALE J LAMANNA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/25/05 727-421-6934
Daytime Phone #

CR2E081 (01/05)

Fax:

February 7, 2005

Department of State
Division of Corporations
P.O Box 6327

To whom it may concern;

I spoke to an agent the informed that I would not have to pay reinstatement fee's do to the fact that I did not receive my annual report for 2003 .. As noted on my records I changed my address as of 05/07/02 but for some reason it did not change my mailing address .

Thank you for your consideration in this matter, and find enclosed a check for the sum of \$450.00 dollars, the payments for the years of 2003 , 2004, and 2005.

Sincerely,

P & R PROPERTY MANAGEMENT

Paquale Lamanna