

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC 23 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S43480**

1. Corporation Name

VITANI SERVICE CORPORATION

Principal Place of Business

1250 SO PINELLAS AVE. APT 103
TARPON SPRINGS FL 34689

Mailing Address

1250 SO PINELLAS AVE. APT 103
TARPON SPRINGS FL 34689

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3058520

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

Additional Fee Required
for a Certificate of Status

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PISANI, JOSEPH	1250 S. PINELLAS AVE	TARPON SPRINGS FL

900002039069--7

-12/27/96-01043-022

***375.00 ***375.00

REINSTATEMENT

12/23/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOLLINKA, DAVID J.
2312 U.S. HIGHWAY 19
P.O. BOX 3649
HOLIDAY FL 34690

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]

REGISTERED AGENT MUST SIGN

Date *12/13/96*

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* **Joseph Pisani (president)** *12/29/96* *813-515-3946*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 31, 1996

VITANI SERVICE CORPORATION
1250 SO PINELLAS AVE, APT 103
TARPON SPRINGS, FL 34689

SUBJECT: VITANI SERVICE CORPORATION
Ref. Number: S43480

We have received your document for VITANI SERVICE CORPORATION and check(s) totaling \$225.00. However, your check(s) and document are being returned for the following:

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year for the years 1996 through the current year, \$138.75 supplemental corporate fee for the years 1992 forward.

Therefore, the total fee to file the reinstatement is \$375.00. Add an additional \$8.75 for each certificate of status requested.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6059.

Amy Alan
Document Specialist

Letter Number: 196A00050301