

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING **APPROVED AND FILED**

**APPLICATION FOR REINSTATEMENT**



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

1997 SEP -4 AM 10:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **S71339**

1. Corporation Name  
**DENNIS GAROFALO, INC.**

Principal Place of Business Mailing Address  
**2802 BEARSS AVE TAMPA FL 33613** **2802 BEARSS AVE TAMPA FL 33613**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/05/1991	
City & State		City & State		5. FEI Number	
Zip		Country		59-3089134	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	



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
PD	GAROFALO, DENNIS J SR	2502 HIGH OAKS LN	LUTZ FL
STD	GAROFALO, BARBARA J.	2502 HIGH OAKS LN	LUTZ FL
			300002286263--2 -09/05/97--01113--008 ****915.00 ****915.00
			<b>REINSTATEMENT</b>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MCKEON, PAUL V 404 SOUTH WEST SHORE TAMAP FL 33609		Name <i>Dennis J. Garofalo Sr.</i> Street Address (P.O. Box Number Is Not Acceptable) <i>2502 High Oaks Lane</i> Suite, Apt. #, Etc. City <i>Lutz</i> State <i>FL</i> Zip Code <i>33549</i>	
Signature of Registered Agent <i>[Signature]</i>		Date <i>9/2/97</i>	
REGISTERED AGENT MUST SIGN			

11. 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.)

12. 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: *[Signature]* *9/2/97 (812) 977.1777*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/96)