

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 20 AM 8:00

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V12620

1. Corporation Name

Four Oaks Motel, Inc

2. Principal Office Address

2061 Gulf to Bay Blvd  
Suite, Apt. #, etc.

3. Mailing Office Address

2061 Gulf to Bay Blvd  
Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

34625

Country

USA

Zip

34625

Country

USA

REINSTATEMENT 02-03

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MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3113732

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

GIOVANNA DIBERARDINO

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

2061 Gulf to Bay Blvd

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

34625

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

Giovanna Di Berardino  
REGISTERED AGENT MUST SIGN

Date 8/15/03

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
STD	GIOVANNA DIBERARDINO	2061 Gulf to Bay Blvd	CLEARWATER FL 34625
VP	GIACOMO DIBERARDINO	2061 Gulf to Bay Blvd	CLEARWATER FL 34625
VP	Rita FIUMARA	215 N Euclid Av.	DAK PARK, IL 60302

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:

Giacomo Di Berardino vice president  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/03  
Date

Daytime Phone #

CR2E081 (10/02)