

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
97
A/R
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV -5 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V30685

1. Corporation Name
RON PICCOLO, P.A.

Principal Place of Business
8320 W. SUNRISE BLVD
SUITE 100
SUNRISE FL 33322

Mailing Address
8320 W. SUNRISE BLVD
SUITE 100
SUNRISE FL 33322

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.		04/23/1992	
City & State		City & State		5. FEI Number 65-0340770	
Zip		Country		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
DPS	PICCOLO, RON	8320 W. SUNRISE BLVD.	SUNRISE FL
T	PICCOLO, RON	8320 W. SUNRISE BLVD.	SUNRISE FL

300002341963--0
-11/07/97--01102--009
****165.00 ****165.00

36 11-5-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PICCOLO, RON 8320 W. SUNRISE BLVD. SUITE 100 SUNRISE FL 33322		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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 *Ron Piccolo* Date 10/25/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(l), 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.

954-845-0722

SIGNATURE: *Ron Piccolo* Date 10/25/97 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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11/3/97

To Whom It May Concern,
I have sent my PA dues of \$165. to you but for some reason the IRS recieved it and
had cashed it. I am sending you another check for \$165. to reinstate my PA and I have
notified the IRS for a refund.
Thank you,

A handwritten signature in cursive script, appearing to read "Ron Piccolo".

Ron Piccolo PA