

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 11 PM 1:00

DOCUMENT # V 30685

1. Corporation Name

Ron Piccolo PA

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

1100 SE 5th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

44

City & State

City & State

Pompano Beach Fla.

Zip

Country

Zip

Country

33060

USA

4/11/08
REINSTATEMENT 06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

650340770

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

Ron Piccolo

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

1100 SE 5th

Suite, Apt. #, Etc.

44

City

Pompano Beach

State

FL

Zip Code

33060

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Ron Piccolo

Date 2/29/08

REGISTERED AGENT MUST SIGN

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
President	Ron Piccolo	1100 SE 5th # 44	Pompano Beh. Fla 33060

700119367857
03/04/08--01020--013 **450.00

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 contained in Chapter 119, 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:

Ron Piccolo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08 9545581438

Date

Daytime Phone #