

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 26 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V36066**

1. Corporation Name

EMPIRE SOUTH, INC.

Principal Place of Business

Mailing Address

999 E. CAMINO REAL
BOCA RATON FL 33462
US

999 E. CAMINO REAL
BOCA RATON FL 33462
US



REINSTATEMENT

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

05/14/1992

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2955 Felton rd

City & State

City & State

East Norriton, Pa

5. FEI Number

65-0334796

Applied For

Not Applicable

Zip

Country

Zip

Country

19401

USA

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DANELLA, CARMEN A.	999 E CAMINO REAL	BOCA RATON FL 33462
D	DANELLA, JAMES D.	999 E CAMINO REAL	BOCA RATON FL 33462
D	MARIANI, RENATO P.	999 E CAMINO REAL	BOCA RATON FL 33462
			400003529194--3 -01/09/01--01029--005 ****600.00 ****600.00
			400003529194--3 -01/09/01--01029--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIOCE, DOMENICK R.
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

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

Date

11/6/00

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/00
Date

(610)-313-9714
Daytime Phone #