

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAR -8 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V38386

1. Corporation Name

Joseph R. DeCiantis, P.A.

2. Principal Office Address

145 EAST MIAMI AVE.

Suite, Apt. #, etc.

City & State

Venice FL

Zip

34285

Country

SARASOTA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2001-2002

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-8-92

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph R. DeCiantis

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

145 EAST MIAMI AVENUE

Suite, Apt. #, Etc.

City

Venice

500005194345-9

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****900.00 ****900.00

State
FL

Zip Code

34285

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

Joseph R. DeCiantis

REGISTERED AGENT MUST SIGN

Date 3/6/02

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
Pres Sec.	Joseph R. DeCiantis	145 EAST MIAMI AVENUE	Venice FL 34285

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:

Joseph R. DeCiantis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Date

(941) 485-7705

Daytime Phone #

CR2E081 (9/01)