


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V44076**

1. Corporation Name

PETRUZZELLI REAL ESTATE, INC.

Principal Place of Business

Mailing Address

1 S. OCEAN BLVD.
STE 318
BOCA RATON FL 33432

1 S. OCEAN BLVD.
STE 318
BOCA RATON FL 33432

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

One S. Ocean Blvd
Suite, Apt. #, etc. 312

One S Ocean Blvd
Suite, Apt. #, etc. 312

City & State Boca Raton, FL
Zip 33432 Country USA

City & State Boca Raton, FL
Zip 33432 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

06/16/1992

5. FEI Number

65-0339579

Applied For

Not Applicable

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
DPS	PETRUZZELLI, JANET L. <i>Petrizzelli, David M</i>	1 S. OCEAN BLVD., #200 312	BOCA RATON FL
T	PETRUZZELLI, JANET L. <i>Petrizzelli, David M</i>	1 S. OCEAN BLVD., #200 312	BOCA RATON FL
			800004670998--8 -11/07/01--01058--018 ****750.00 ****750.00 <i>[Signature]</i>

8. Name and Address of Current Registered Agent

PETRUZZELLI, JANET L.
1 S. OCEAN BLVD.
#200
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name David Petruzzelli
Street Address (P.O. Box Number is Not Acceptable) One South Ocean Boulevard
Suite, Apt. #, Etc. 312
City Boca Raton State FL Zip Code 33432

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

Oct 10, 2001

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] David M Petruzzelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/01
561 352-8413

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 PM 1:44



REINSTATEMENT 01

CR2ED40 (8/01)