

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 26 AM 10:40

DOCUMENT # H08622

1. Corporation Name

Renzo's Italian Restaurant, Inc.

Principal Place of Business

Mailing Address

5999 N. Federal Hwy.  
Boca Raton, FL 33497

5999 N. Federal Hwy.  
Boca Raton, FL 33487

**REINSTATEMENT** 98-99

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 Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

6/19/84

5. FEI Number

59-2432266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SB 75: A General Excise tax required for a corporation of the State

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
P/D	Lorenzo Sciortino	5999 N. Federal Hwy	Boca Raton Florida 33487
VP/D	Cosimo Piediscalzi	5999 N. Federal Hwy	Boca Raton, Florida 33487
S/T	Rosario Sciortino	5999 N. Federal Hwy	Boca Raton, Florida 33487
			900003035229--9 -11/04/99--01068--001 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

Lorenzo Sciortino  
5999 N. Federal Hwy  
Boca Raton, Florida 33487

9. Name and Address of New Registered Agent

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

Lorenzo Sciortino

REGISTERED AGENT MUST SIGN

Date 10/25/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Lorenzo Sciortino, Director

10/25/99 561-994-3495

Date

Daytime Phone #

CR2E040 1/2/95