

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

96 DEC 23 PM 12: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000067962**

1. Corporation Name

**SOPHIA ITALIAN PRODUCTS INC.**

Principal Place of Business

Mailing Address

MARCO ISLAND FL 33937

176 SOUTH COLLIER  
MARCO ISLAND FL 33937



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	
Suite, Apt. #, etc. <b>817 BENTWOOD DR.</b>		Suite, Apt. #, etc. <b>817 BENTWOOD DR.</b>		<b>09/23/1993</b>	
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>		5. FEI Number <b>65-0444364</b>	
Zip <b>34108</b>		Zip <b>34108</b>		Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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	BUCCHIERI, JOHN	VIA CALALZO 21	ROME, ITALY 00135
VPT	SABIO, VINCENT A	<del>817 BENTWOOD DR.</del> <b>817 BENTWOOD DR.</b>	<del>MARCO ISLAND FL 33937</del> <b>MARCO ISLAND FL 33937 NAPLES FL 34108</b>
S			ROME, ITALY 00135
S	BERTOLINO, JANE V	18 WAYNE AVE.	WEST HAVENSTRAN NY 10993

**REINSTATEMENT** 1996  
J. Sabio  
12/23/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SABIO, VINCENT A 817 BENTWOOD DR. NAPLES FL 34108		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		700002036947--S -12/24/96--01085--022 ***375, State FL ***375, UU	

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: *Vincent A Sabio* REGISTERED AGENT MUST SIGN Date: 12/19/96

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 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 817, 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 817.0401, 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)(f), 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: *Vincent A Sabio* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 12/19/96 Daytime Phone #: (914) 591-1188