

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 11 AM 9:44

DOCUMENT # 998000070881

1. Corporation Name
Mario Pinto Enterprises Inc.
Mario's Place

2. Principal Office Address
910 Del Prado Blvd

Suite, Apt. #, etc.

City & State
Cape Coral, FL

Zip
33990

Country
USA

3. Mailing Office Address
910 Del Prado Blvd

Suite, Apt. #, etc.

City & State
Cape Coral, FL

Zip
33990

Country
USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0856945

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Mario Pinto

Street Address (P.O. Box Number is Not Acceptable)
718 S.E. 6th Terr.

Suite, Apt. #, Etc.
718

City
Cape Coral

State
FL

Zip Code
33990

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 Mario R Pinto
REGISTERED AGENT MUST SIGN

Date 3/3/03

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
<u>OWNER</u> <u>President</u>	<u>Mario R. Pinto</u>	<u>718 S.E. 6th Ter Cape Coral, FL</u>	<u>Cape Coral, FL, 33990</u>
<u>VP</u> <u>Treasurer</u>	<u>Heidi C. Sacosky</u>	<u>718 S.E. 6th Ter</u>	<u>Cape Coral, FL, 33990</u>

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: Mario Pinto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03 (239)
Date Daytime Phone # 772-1009

CR2E081 (10/02)