

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 4:26

DOCUMENT # P99000074283

1. Corporation Name

ROSARIO'S RISTORANTE, INC.

Principal Place of Business

Mailing Address

108 EDDY LANE
PORT ORANGE FL 32119

108 EDDY LANE
PORT ORANGE FL 32119



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.		Suite, Apt. #, etc.		08/16/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-359-3790	
				Applied For	
				Not Applicable	
				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	4 City / State / Zip
Pres.	Rosario M. Vinci	108 Eddy Lane	Port Orange FL 32119
V.P.	Sunia R. Vinci	108 Eddy Lane	Port Orange FL 32119
			100003455171--2
			-11/07/00--01067--021
			****150.00 ****150.00
			10/17/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VINCI, ROSARIO
108 EDDY LANE
PORT ORANGE FL 32119

Name: Rosario Vinci
Street Address (P.O. Box Number is Not Acceptable): 108 Eddy Lane
Suite, Apt. #, Etc.:
City: Port Orange State: FL Zip Code: 32119

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

Rosario Vinci SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date 10/17/2000

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:

Sunia R. Vinci SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/2000 (904) 322-2143
Date Daytime Phone #

CR2E040 (6/00)

2

October 17, 2000

Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Rosario's Ristorante, Inc.
108 Eddy Lane
Port Orange, FL 32119

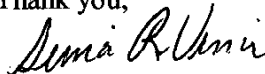
EIN # 59-359-3790
Document # P99000074283

To Whom It May Concern:

As per instructions from your department, this letter constitutes a request to waive the usual re-instatement fees on the grounds that we did not receive any annual report forms. Also included is a copy of the first letter that I sent to you, dated October 4th, 2000, when it was first realized that no annual report form had been received. A check for \$150 had also been enclosed with that particular letter, but I have been informed it is being returned. Check number #6503 will be voided.

A new check, # 6572, in the amount of \$150.00 has been issued and is enclosed with this letter and report form, for the purpose of renewal. Instructions have been followed according to the advice given by your department.

Thank you,



Sunia R. Vinci, V.P.
Rosario's Ristorante, Inc.
108 Eddy Lane
Port Orange, FL 32119
(904)322-2143