

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 16 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F53362

1. Corporation Name

VITA ITALIAN RESTAURANT & PIZZERIA INC.

10014 GRIFFIN ROAD
COOPER CITY, FLORIDA 33328

2. Principal Office Address

10014 GRIFFIN ROAD

3. Mailing Office Address

COOPER CITY, FLORIDA 33328

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COOPER CITY, FLORIDA

City & State

Zip

33328

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/12/1981

5. FEI Number
592193298

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

GIUSEPPE PISTONE

Street Address (P.O. Box Number is Not Acceptable)

10014 GRIFFIN ROAD

Suite, Apt. #, Etc.

City

COOPER CITY

State
FL

Zip Code
33328

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

Giuseppe Pistone
REGISTERED AGENT MUST SIGN

Date

8/10/04

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
PSD	GIUSEPPE PISTONE	10014 GRIFFIN ROAD	COOPER CITY, FLORIDA 33328
			800040165178 08/13/04--01035--002 **900.00

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/10/04

Daytime Phone #

CR2E081 (01/04)