PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCU	JME	NT	#

1. Corporation Name

MALDO'S PASTARIA, INC

FILED 97 MAY 27 PM 1: 34 SECRETARY OF STATE

LOMBARO				JALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Addr		ress		-					
If above a	CA.	II SE 49TH ? PE CORPL, FL e incorrect in any way, line th	<i>339-4</i> rough incorrect in	nformation and e		RFINS	TATEMEN	Talet	97
2. New Principal Office Address, If Applicable 3. No 10/05 Amastana 4.0 Suite. Apt. #, etc. Suite		3. New Mail Suite, Apt. #,	New Mailing Office Address, If Applicable / 0 / 0 5 / Amstern 0 / ND ne, Apl. *, etc.		4: Date incorporated of Cualined To Do Business in Fiorida 5. FEI Number 5. Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED 88 75 Additional Fee required for a Certificate of Status			And the Party of t	
City & State F. T. MYERS F. Z.		City & State						<u> </u>	
Zip Country Zip 33913 WSA Zip 3.			Country						
7. Names a	and Street A	ddresses of Each Officer and	/or Director (Flo	rida nonprofit co	rporations must list at le	ast 3 directors)		/////////////////////////////////////	
Title(s)	Name of Officers		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu		r .	umbers) 4 City / State / 2ip			
PAIS	KAIA	VER M DAYE	PLA	10105	AMESENVO	RD_	FORT MY	INI FL	339/3
VPAII	Rost	MARIA A DA	YGALA	10105	AMBILWOD	10	FURT MYS	el FL	339/3
<u></u>	· · · · ·								
							-05/30/97- ****915.0	-01058	-013
			·····		***************************************		15/28 K	17	
Name and Address of Current Registered Agent				Nama	9. Name and Midress of New Registered Agent				
ROINER IN DRYGALA			Name						
1341 SE 49TH TEARLUS			Street Address (P.O. Box Number is Not Acceptable) Suite, Apr. #, Etc.						
,	CRI	OF CAPI FL	33904		City		Stat	le Zip Code	2
10. I, being	appointed th	e registered agent of the abo	ve named corpo	ration, am familia	ar with and accept the o	bligations of Sec	/ FL	339/3	-
Signature of Registered A		Seem by	M	ENT MUST SIGN			Date5/21/9	2	
11. Do De	es this pt. of R	corporation pay a evenue under S.	any intang 199.032,	ible tax to Florida St	the atutes. Yes	X No[ide for Informatio	on
owed by	the corporat	pilcation, the reason for disso	piution has been names of individu	eliminated, the co Jals listed on this	orporate name satisfies I form do not qualify for	the requirements an exemption un	apter 607 or 617, F.S. I furthe s of section 607.0401 or 617.0 der section 119.07(3)(i), F.S.	MO1 FR that	eli fone

3-31-97

Date

768-3555

Daytime Phone #