

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # H64376**

1. Corporation Name

**GALLI ITALIAN DELI, INC**

Principal Place of Business

Mailing Address

**18473 S. DIXIE Hwy**  
**MIAMI FL 33157**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

**59-2550957**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$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
PRES.	AURORA GALLI	16644 SW 93rd	MIAMI FL 33157
SECR.	NATASHA GALLI	16644 SW 93rd	MIAMI FL 33157

**97-99 TS AR**

8. Name and Address of Current Registered Agent

**SUSAN M LUDOVICI ESQ**  
**17408 SW 97 AVE**  
**MIAMI FL 33157**

9. Name and Address of New Registered Agent

Name

**Susan M. Ludovici, Esq.**

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

**17415 S. Dixie Hwy**

Suite, Apt. #, Etc.

**4**

City

**Miami**

State

Zip Code

**FL**

**33157-**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**6/16/99**

**5434**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/16/99**

Date

Daytime Phone #

CRP001 (12/98)

2  
Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

Reference: Document number H64376

To Whom it May Concern:

We did not receive our renewal application for our corporation [REDACTED]

Our bookkeeper of 30 years, who was taking care of this matter, had an unfortunate heart attack and is not able to continue working. Our new bookkeeper contacted your office in Tallahassee and was informed that in order to re-instate our corporation we had to pay \$1,050.

Both my husband and myself are the only two people in the corporation and we have a small deli in south Dade County. We are both close to retirement age. The amount of \$1,050 is extremely high for us to pay.

I called the office in Tallahassee and spoke to a person that suggested that I write you a letter of explanation and include a check in the amount of \$465 along with the completed application for the re-instatement of our corporation.

Both my husband and myself would absolutely appreciate your consideration in this matter.

Sincerely,



Aurora Galli  
Galli Italian Deli, Inc.  
18473 South Dixie Highway  
Miami, Florida 33157  
(305)378-4949