

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 AM 11:45

DOCUMENT # J45849

1. Corporation Name

Mario's of Sunrise, Inc.

2. Principal Office Address

2310 N.E. 47th Street

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

Broward

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 98-01

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

12/8/86

5. FEI Number

592744159

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

Henry Olmino

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

2310 N.E. 47th Street

Suite, Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33064

700004663327-0

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***1208.75 ***1208.75

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

Henry Olmino
REGISTERED AGENT MUST SIGN

Date 10/16/01

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
PD	Henry Olmino	2310 N.E. 47th Street	Lighthouse Point, FL 33064

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01

Date

(954) 649-5152

Daytime Phone #

CR2E081 (9/00)