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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L02000023270

FILED
04 FEB 16 PM 4:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2/02/24/04

1. DOCUMENT # L02000023270

Name and Mailing Address

0012162 01 AT 0.292 **AUTO T5 0 0615 33432-600499

PALUMBO'S ITALIAN DELI, LLC
399 SE MIZNER BLVD,66 ROYAL PALM PLAZA
BOCA RATON FL 33432-6004

REINSTATEMENT 2003-2004

2003-2004

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
09/09/2002

CR2E034 (7/03)

Principal Place of Business
399 SE MIZNER BLVD,66 ROYAL PALM PLAZA
BOCA RATON FL 33432

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
45-0486447

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐
$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

PALUMBO, RITA
6316 PRESTWICK COURT
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Rita Palumbo Date 12-20-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Nicholas Palumbo	14 Catherine Place	Katonah New York 10536

700025776447
12/26/03--01073--020 **150.00

700025776447
02/16/04--01012--002 **50.00

REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager SIGNATURE REQUIRED Date 12-20-03 Daytime Phone # 561-955-9292

Typed or printed name of signing Managing Member/Manager Rita Palumbo Nicholas Palumbo