

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 MAR -6 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L24864**

1. Corporation Name

**SONNY'S SANDWICH SHOP AND CAFETERIA, INC.**

Principal Place of Business

Mailing Address

C/O NELSON J. D'AMICO  
7315 E. BROADWAY  
TAMPA FL 33619

C/O NELSON J. D'AMICO  
7315 E. BROADWAY  
TAMPA FL 33619



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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3031500

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	D'AMICO, NELSON J.	7315 E. BROADWAY	TAMPA FL
			300003164559--2 -03/09/00--01106--011 ****750.00 ****750.00
			300003164559--2 -03/09/00--01106--012 ****150.00 ****150.00

REINSTATEMENT 99-00-18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

D'AMICO, NELSON J.  
7315 E. BROADWAY  
TAMPA FL 33619

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

2/3/2000

11. I certify that I am an officer or director of 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

2/3/2000  
Date

Daytime Phone #