

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortha, m

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

L 48605

1. Corporation Name

L'AURORA RESTAURANT AND LOUNGE INC.

W98-4076

Principal Place of Business

Mailing Address

1501 N.W. BOCA RATON BLVD  
BOCA RATON, FL 33432

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

2/20/90

5. FEI Number

59-2690142

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Agostino Vultaggio	1501 NW 2 AVE	Boca Raton FL 33432
VP	Giuseppe Vultaggio	6085 Ballboa Cr #302	Boca Raton FL 33433

400002502274--6  
-04/28/98--01019--010  
\*\*\*1350.00 \*\*\*1350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Agostino Vultaggio  
1501 NW 2 AVE Boca Raton  
FL 33432

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 Agostino Vultaggio  
REGISTERED AGENT MUST SIGN

Date 3-20-98

11. This corporation owes or has paid 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:

Agostino Vultaggio  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-98

Date

9860835082  
Daytime Phone #