PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR ' REINSTÀTEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

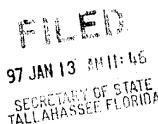
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** 

M46953

1. Corporation Name

DUE AMICI ITALIAN RESTAURANT, INC.



					TALLAHASSEL		
Principal Place of Business Mailing Address  822 N. FEDERAL HWY.  POMPANO BEACH FL 33062 POMPANO BEACH FL 3306					REINSTATEMENT 46 0		
If should a	addresses are innerrent in any way line th	arough incorragi	information and antar	correction below	UCIII	DIVITIE	
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail			ling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     02/20/1987		
		Suite, Apt. i	Suite, Apt. #, etc.  City & State				
		City & State			5. FEI Number 59-2796134 Applied For		<del>                                      </del>
					6. \$8.75 Additional Fee required		Not Applicable
Zip	Country	Zip	Countr	y 	CERTIFICAT		a Certificate of Status
7. Names	and Street Addresses of Each Officer an	d/or Director (F					
Title(s)			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I		r	City / State / Zip	
PST	RUGGIERO, ALFONSO	JUGGIERO, ALFONSO		822 N FEDERAL HWY		POMPANO BEACH FL 33062	
					8	000020593 -01/15/9701 ****375.00	3085 079003 ****375.00
8. Name and Address of Current Registered Agent RUGGIERO, ALFONSO 822 N. FEDERAL HWY				9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)			
	PANO BEACH FL 33062		Suite, Apt. #, Etc.				
				City State Zip Code			
Signature of Registered  11. Do De	pes this corporation pay ept of Revenue under S that I am an officer or director or the rec ement application, the reason for dis	any intan 5. 199.032	GENT MUST SIGN  Igible tax to the control of the co	ne utes. Yes	provided for in cl	See other side on intang	for information lible tax.) ertify that when filling 11, F.S., that all fees
	or corporation have been paid and the application is true and accurate, and my	e names of indiv signature shall h	riduals listed on this for nave the same legal eff	rm do not qualify fo fect as if made unde	r an exemption u er oath.	nder section 119.07(3)(i), F.S. Tr	ne information indicated

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