

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP -5 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P00000000150

1. Corporation Name

THE ORIGINAL RENZO'S ITALIAN RESTAURANT  
AND PIZZA II, INC

100022929501  
09/10/03--01044--021 \*\*300.00

**REINSTATEMENT** 02-07

2. Principal Office Address

8260 SOG ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

8260 SOG ROAD

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33437

Country

USA

City & State

BOYNTON BEACH, FL

Zip

33437

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12-23-99

5. FEI Number

65-1013578

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

MICHAEL J. MCGOY

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

639 EAST OCEAN AVENUE

Suite, Apt. #, Etc.

STE. 101

City

BOYNTON BEACH

State

FL

Zip Code

33435

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

9/5/03

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	EMANUEL LENA	8260 SOG ROAD	BOYNTON BCH, FL 33437
VPS	CONCETTA LENA	8260 SOG ROAD	BOYNTON BCH, FL 33437

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

Date

Daytime Phone #

CR2E081 (10/02)

7/5/5

**MICHAEL J. McGOEY CPA, INC.**

**639 EAST OCEAN AVENUE, SUITE 101**

**BOYNTON BEACH, FL 33435**

**(561) 734-8599**

**Fax (561) 734-8544**

**mjmcgoey@aol.com**

September 3<sup>rd</sup>, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

**RE: THE ORIGINAL RENZO'S ITALIAN RESTAURANT AND PIZZA II, INC.  
#P00000000150**

Dear Justin:

As per our conversation today we are enclosing a Corporation Reinstatement form and a check in the amount of \$300.00.

We are asking that the penalty and reinstatement fee be abated, as the client never received the original bill.

Thanking you in advance for your prompt attention to this matter, if we can be of further assistance to you, please feel free to contact this office.

Sincerely,



Michael J. McGoey CPA

Enclosures/