

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 5:08

DOCUMENT # P00000000370

1. Corporation Name

PASTA PASTA, INCORPORATED

Principal Place of Business

Mailing Address

10801 CORKSCREW ROAD
SUITE 317
ESTERO FL 33928

10801 CORKSCREW ROAD
SUITE 317
ESTERO FL 33928

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

12/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0969417

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRESIDENT	MICHAEL FATTAH	10801 CORKSCREW RD STE 317 ESTERO, FL 33928	ESTERO, FL 33928
Vice-President	ANGEL RECAHARRA	10801 CORKSCREW RD STE 317	ESTERO, FL 33928
TREASURER	JOHN T. KUBINSKI	10801 CORKSCREW RD STE 317	ESTERO, FL 33928

800003536658-4
-01/16/01--01005--020
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMPSON, WILLIAM J
17595 S. TAMiami TRAIL
SUITE 106
FORT MYERS FL 33908

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

11/6/00

REGISTERED AGENT MUST SIGN

11. 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL RECAHARRA

Date

Daytime Phone #

11/6/00

941-4

CR2E040 (8/00)

THOMPSON LAW FIRM, P.A.
Attorneys At Law
The Seatech Center, Suite 106
17595 S. Tamiami Trail
Fort Myers, Florida 33908
(941) 481-7269 Fax (941) 481-7573
Toll-Free 1-877-481-7269

December 28, 2000

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

Re: Pasta Pasta, Incorporated; Application for Reinstatement

Dear Sir:

Enclosed please find Application for Reinstatement along with payment in the amount of \$150.00 for annual fee.

Please waive late penalty. Pasta Pasta, Incorporated did not receive any corporation annual report/uniform business report this year.

Please contact our firm if you have any questions.

Sincerely,



Theresa Hoffman
Legal Assistant

WJT/tmh
enc.
Copies to:
File