

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 25 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002688

1. Corporation Name

MICHELANGELO'S ITALIAN
RESTAURANT, INC

2. Principal Office Address

10950 SAN JOSE BLVD.

Suite, Apt. #, etc.

#36

City & State

JACKSONVILLE FL

Zip

Country

32223-6671

DUVAL

3. Mailing Office Address

10950 SAN JOSE BLVD.

Suite, Apt. #, etc.

#36

City & State

JACKSONVILLE FL

Zip

Country

32223-6671

DUVAL

700015178807
04/02/03--01058--015 **450.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/10/00

5. FEI Number

59-3619486

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

NINETA GJERGJI

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

2317 MERCER CIR. S.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32217

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

Nineta Gjergji

REGISTERED AGENT MUST SIGN

Date: 3-20-03

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
D	NINETA GJERGJI	2317 MERCER CIR S	JACKSONVILLE, FL 32217
D	ARBEN PEPAJ	4500 BAYMEADOWS RD #296	JACKSONVILLE, FL 32217
D	ZEF GJERGJI	2317 MERCER CIR S	JACKSONVILLE, FL 32217

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:

Nineta Gjergji

NINETA GJERGJI

PRESIDENT

3-20-03

234-8732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)