

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
6-18-03 - 01048 008 \$ 550.00
048:29:01 - 90614 023 \$ 550.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000012120

1. Corporation Name

Nana Vetta's Country Diner, Inc.

2. Principal Office Address

12285 Collier Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

12285 Collier Blvd

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34116

Country

US

Zip

34116

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1-31-2000

5. FEI Number

59-3626796

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

Antonio FAGA, ESQ.

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

7955 Airport Rd. N.

Suite, Apt. #, Etc.

Suite 101

City

NAPLES

State

FL

Zip Code

34109

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 3-11-04

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
P/ D	Arvitta Renzello	4450 23rd Place, S.W.	NAPLES, FL 34116

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] Arvitta Renzello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-11-04 239-601-0508

Daytime Phone #

CR2E081 (01/04)