

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 14 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060603

1. Corporation Name

LA STRADA ITALIAN RESTAURANT
INC.

2. Principal Office Address

4075 ALAS.

Suite, Apt. #, etc.

Suite 3

City & State

St. Augustine FL

Zip

32080

Country

St. Johns

3. Mailing Office Address

35 BARKWOOD LN

Suite, Apt. #, etc.

City & State

Palm Coast FL

Zip

32137

Country

Flagler

REINSTATEMENT 03-06
CR2E081 (12/05)

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

6/19/00

5. FEI Number

59-3654569

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

MARY M. LANGHAUSER, CPA

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

35 BARKWOOD LN

Suite, Apt. #, Etc.

City

Palm Coast

State
FL

Zip Code

32137

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

Mary M. Langhauser CPA
REGISTERED AGENT MUST SIGN

Date 3/2/06

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	MARK J. DeRUSSO	16206 Arbor Vista Circle	St Augustine FL 32080
T	Donna Comeau	207 Marshside Dr	St Augustine FL 32080

500069448425
04/04/06--01055--021 **600.00

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 contained in Chapter 119, 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:

MARK J. DeRUSSO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 460-9139

Daytime Phone #

282

LaStrada Italian Restaurant, Inc.
c/o 35 Barkwood Lane
Palm Coast, FL 32137

March 2, 2006

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

RE: Document #P00000060603
Corporation Reinstatement

Dear Representative:

Enclosed is our Corporation Reinstatement Report for 2006 and payment for \$600.00. We were unaware that the annual reports had not been filed nor did we receive any notices informing us of the corporate dissolution in 2003. We were informed by a lender just yesterday that we were dissolved. Please reinstate this corporation.

As per our conversation with your representative we are remitting this letter to ask that you please abate the reinstatement fee for this report. Thank you in advance for your cooperation.

Sincerely,

x *Mark J. DeRusso*

Mark J. DeRusso
President