

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000061586

1. Corporation Name

MARCELLA'S ITALIAN MARKET AND CAFE, INC.

Principal Place of Business

1517 W. HARMONY LAKES CIRCLE
DAVIE FL 33324

Mailing Address

1517 W. HARMONY LAKES CIRCLE
DAVIE FL 33324

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6875 Stirling Road

Suite, Apt. #, etc.

DAVIE FLORIDA

City & State

3. New Mailing Office Address, If Applicable

6875 Stirling Road

Suite, Apt. #, etc.

DAVIE FLORIDA

City & State

Zip 33314

Country U.S.A.

Zip 33314

Country U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2000

5. FEI Number

65-1057188

Applied For

Not Applicable

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
P	GIUGNO, GIUSEPPE	1517 W. HARMONY LAKES CIRCLE	DAVIE FL 33324

8. Name and Address of Current Registered Agent

GIUGNO, GIUSEPPE
1517 W. HARMONY LAKES CIRCLE
DAVIE FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
02 NOV 20 4:11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



600009090716
11/20/02--01010--003 **150.00

CR2040 (8/02)

November 14, 2002

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahhasse, Fl 32314

Re: Marcella's Italian Market and Cafe

Attached is the reinstatement application together with a check for \$150.

I respectfully request that the penalties be abated.

This business did not open until late November, 2001.

There were several changes in the personnell who were handling the paperwork, mail and records.

The mail was being shuffled from the address as shown on the form to the business address.

In this process, the forms either did not get to me or were lost.

I have since taken control of all mail. I was shocked when

I saw the notice of dissolution.

Again, please reinstate the corporation and abate the penalties

Thank you for your consideration in this matter.

Very Truly Yours,

Giuseppe Giugno, Pres.

