

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000063885

1. Entity Name
TUTTO A POSTO, INC.



FILED

06 OCT 31 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
216 PONTE VEDRA PARK DR.
PONTE VEDRA BEACH, FL 32082

Mailing Address
216 PONTE VEDRA PARK DR.
PONTE VEDRA BEACH, FL 32082

Salerno's Ristorante

2. Principal Place of Business
216 Ponte Vedra Park Dr.

3. Mailing Address
Suite, Apt. #, etc.



10132006 REIN-P CR2E098 (11/05)

City & State
Ponte Vedra Beach
FL 32082

Country
Suva

4. FEI Number
59-3667432

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RECUPITO, GIOVANNI 216 PONTE VEDRA PARK DR. PONTE VEDRA BEACH, FL 32082	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RECUPITO, GIOVANNI 261 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100041052701 10/31/06 01020 000 \$4100.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 10/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Never recieved letter
before deadline.

Please waive reinstatement
fee. Spoke with Gary. X4431

Sincerely,
Tricia Boyd
821-4350.

