

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000001218

1. Corporation Name

BELLA CUCINA ITALIAN BUFFET, INC.

Principal Place of Business

Mailing Address

3811 KENNY DRIVE  
SARASOTA FL 34232

3811 KENNY DRIVE  
SARASOTA FL 34232

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/2000

5. FEI Number

65-1078239

- 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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| PT            | ELLIS, RANDALL S                          | 4036 WACIKIKI DRIVE                                    | SARASOTA FL 34241       |
| VPS           | MEDICO, JOHN C                            | 8453 KAYWOOD ROAD                                      | SARASOTA FL 34243       |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

600024387316  
11/03/03--01093--007 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JUDD, LINDA  
2776 KILLIAN STREET  
NORTH PORT FL 34286

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

TO: FL DEPARTMENT OF STATE  
DIV OF CORP, PO BOX 6327  
TALLAHASSEE, FL 32314

FROM: BELLA CUCINA ITALIAN BUFFET INC.  
DOC# P01000001218  
3811 KENNY DRIVE  
SARASOTA, FL 34232

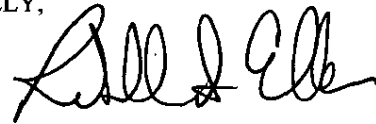
DATE: OCTOBER 20, 2003

RE: 2003 ANNUAL REPORT

PLEASE FIND ENCLOSED A CHECK FOR \$150, THE FEE DUE. A REPORT WAS NEVER RECEIVED PRIOR TO THIS NOTICE SO THAT THE ANNUAL REPORT COULD BE PAID PROMPTLY ON TIME AS REQUESTED. THERE IS ANOTHER COMPANY WITH ALMOST THE EXACT NAME (EAGLE RIDGE BELLA CUCINA) THAT WE MAY HAVE BEEN CONFUSED WITH TO CAUSE THIS PROBLEM.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION TO RESOLVE THIS MATTER.

SINCERELY,

A handwritten signature in black ink, appearing to read "Randall S. Ellis", written in a cursive style.

RANDALL S ELLIS, PRESIDENT