

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 18 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000009922

1. Corporation Name

Gran Forno Las Olas II

2. Principal Office Address

1235 East Las Olas Boulevard

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Office Address

1235 East Las Olas Boulevard

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

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

2001

5. FEI Number

65 107 6998

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

Salvatore Annino

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

322 Hendricks Isle

Suite, Apt. #, Etc.

Unit # 2

City

Fort Lauderdale

State
FL

Zip Code
33301

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

REGISTERED AGENT MUST SIGN

Date 3-12-03

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
Pres	Salvatore Annino	322 Hendricks Isle	Fort Lauderdale, Florida 33301
VicePre	Peter Dennis	322 Hendricks Isle	Fort Lauderdale, Florida 33301
Secretar	Josephine Streicher	327 Coconut Isle	Fort Lauderdale, Florida 33301

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2244 3/3/15