

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000010009

1. Corporation Name

GIANGELO'S PIZZERIA & RISTORANTE, INC.

FILED  
Nov 20, 2002 8:00 A  
Secretary of State

Principal Place of Business

Mailing Address

~~9485 SUNSET DRIVE  
SUITE A-292  
MIAMI FL 33173~~

~~9485 SUNSET DRIVE  
SUITE A-292  
MIAMI FL 33173~~



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

10130 SW 40th

10130 SW 40th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip 33165 Country DADe.

Zip 33165 Country DAF

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/2001

5. FEI Number

657074013

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
President	CARY LEENEA/CUBA	10130 SW 40th	MIAMI FL 33165

100009156021  
11/21/02--01106--004 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORDERO, ANA D  
9485 SUNSET DRIVE  
SUITE A-292  
MIAMI FL 33173

Name

CARY LEENEA/CUBA

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

10130 SW 40th

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

10-27-02

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 #

10-27-02 305-223-7885

CR2E040 (8/02)

November 4, 2002

Dear Florida Department of State:  
Subject: Certificate of Administrative Dissolution or Revocation

I am writing this letter to request that the reinstatement fee for my corporation  
GIANGELO'S Pizzeria & Ristorante, INC. be waived. We did not receive the two  
prior uniform business report notices due to the fact that it was being mailed to  
the incorrect address. Our current address is 10130 SW 40 Ter., Miami, FL  
33165. The document # is P01000010009 and the FEI # is 651074013. We  
would greatly appreciate your attention in this matter.

Thank you,

Carry Lee Neal Cuba

**President**

A handwritten signature in black ink, appearing to read 'Carry Lee Neal Cuba', written in a cursive style.