

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 13 AM 8:00

DOCUMENT # P01000010568

1. Corporation Name

ELEGANTE PIZZERIA & FOOD MARKET INC.

200022290012
08/13/03--01064--008 **150.00

200022290012
08/13/03--01064--007 **150.00

MRX

2. Principal Office Address

8651 TREASURE CAY LANE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

Zip

32836

Country

Zip

Country

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

01/26/2001

5. FEI Number

59-3695063

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

HAMDAN MUBARAK

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

10013 NEWINGTON DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

REINSTATEMENT

02-03

State
FL

Zip Code
32836

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 6-23-03

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
DP	MUBARAK, HAMDAN	10013 NEWINGTON DRIVE	ORLANDO, FL 32836
DV	YUSEF, HASAN	8210 DIAMOND COVE CIR	ORLANDO, FL 32836

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:

Hamdan Mubarak

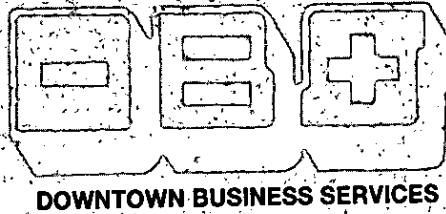
6-23-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



June 24, 2003

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement of Elegante Pizzeria & Food Market Inc.
FEI 59-3695063

To Whom It May Concern:

This letter is to request reinstatement of the above mentioned corporation. We had filed for reinstatement due to non receipt of additional request late last year. We have been told that follow up letters were sent but we are not in receipt of those letters. The above mentioned corporation is located at a time share resort with a shared address.

According to a conversation we had with your office we are sending a check for the \$ 150.00 and request that this corporation be reinstated. If you have any further questions please contact me at the undersigned.

Sincerely,

Brent D. Hanson
Accountant