


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P01000030012

1. Corporation Name

FORTUNATO'S ITALIAN MARKET, INC.

2. Principal Office Address 259 CENTRAL AVENUE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST PETERSBURG, FLORIDA		City & State	
Zip 33701	Country	Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 22 AM 8:00

**REINSTATEMENT** 03-04  
500033563135  
04/22/04--01051-012 \*\*300.00 MRS

4. Date Incorporated or Qualified To Do Business in Florida 03/19/2001

5. FEI Number 59-3713762 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  
VINCENT FORTUNATO

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

Suite, Apt. #, Etc.

City ST PETERSBURG State FL Zip Code 33701

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 *Vincent Fortunato* Date 04/20/04

REGISTERED AGENT MUST SIGN

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
P	VINCENT FORTUNATO	9495 Blind Pass Rd #602	St Pete, FL 33706 Beach

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: *Vincent Fortunato* Date 04/20/04 Daytime Phone # 898-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E081 (01/04)