

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL  
FILED

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P01000067219*

1. Corporation Name

COLONTONIO'S FINE FOODS, INC.

2. Principal Office Address  
2040 RANGE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address  
2040 RANGE ROAD

Suite, Apt. #, etc.

City & State  
CLEARWATER, FL

City & State  
CLEARWATER, FL

Zip  
33765

Zip  
33765

Country  
USA

Country  
USA

**REINSTATEMENT 2003**

4. Date Incorporated or Qualified  
To Do Business in Florida

07-09-2001

5. FEI Number

59-3730587

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 **FRANK COLONTONIO**

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

**2040 RANGE ROAD**

Suite, Apt. #, Etc.

City **CLEARWATER**

State **FL** Zip Code **33765**

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

Date **10-09-03**

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	FRANK COLONTONIO	2040 RANGE ROAD	CLEARWATER, FL 33765
			<b>600023806286</b>
			10/15/03-01024--005 **750.00

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-09-03 727-216-4444

Date

Daytime Phone #

CR2E081 (10/02)