

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 OCT 14 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

City & State

CLEARWATER, FL

Zip

33765

Country

USA

3. Mailing Office Address

2040 RANGE ROAD

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33765

Country

USA

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

REINSTATEMENT 2003

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

REGISTERED AGENT MUST SIGN

Date 10-09-03

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
P	FRANK COLONTONIO	2040 RANGE ROAD	CLEARWATER, FL 33765
			600023806286 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-09-03

Date

727-216-4444

Daytime Phone #

CR2E081 (10/02)