

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P01000093559

03 FEB 21 AM 9:29

1. Corporation Name

SCHIAPPA FOODS CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1000012791561

02/19/03--01053--013 **908.75

Principal Place of Business

630 SOUTH SAPODILLA AVENUE, #PH15
WEST PALM BEACH FL 33401

Mailing Address

630 SOUTH SAPODILLA AVENUE, #PH15
WEST PALM BEACH FL 33401



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02-03

State Incorporated or Qualified
To Do Business in Florida

09/21/2001

5. FEI Number

65-1156797

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SCHIAPPA, MICHAEL	630 SOUTH SAPODILLA AVENUE, #PH	WEST PALM BEACH FL 33401
D	SCHIAPPA, ALENA	630 SOUTH SAPODILLA AVENUE, #PH	WEST PALM BEACH FL 33401

8. Name and Address of Current Registered Agent

ZARETSKY, RICHARD P
1655 PALM BEACH LAKES BLVD.
SUITE 900
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

Michael Schiappa

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

630 South Sapodilla Ave

Suite, Apt. #, Etc.

#PH 15

City

West Palm Beach

State

FL

Zip Code

33401

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

2-12-03

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
President/Director

2-12-03 740-284-1470

Date

Daytime Phone #

CR2040 (8/02)