

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN -7 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 01000110819**

1. Corporation Name
Sicilian Delight I, Inc.

was 16258

2. Principal Office Address
417 67th Street NW

3. Mailing Office Address
417 67th Street NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bradenton FL

City & State
Bradenton FL

Zip
34209

Country
Manatee

Zip
34209

Country
Manatee

4. Date Incorporated or Qualified
To Do Business in Florida 11/16/2001

5. FEI Number
65-1153995

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name
Thomaso Rizzo

Street Address (P.O. Box Number is Not Acceptable)
417 67th Street NW

Suite, Apt. #, Etc.

City
Bradenton

State Zip Code
FL 34209

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 05/18/2005

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 |
|--------|--------------------------------------|---------------------------------------------------|---------------------|
| PVSTD | Thomaso Rizzo | 417 67th Street NW | Bradenton, FL 34209 |
| | | | |
| | | | |
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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:

Thomaso Rizzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/30/05
05/18/2005

Date

(941) 400-7015

Daytime Phone #

6/7/05

2/2

Finkelstein & Associates, P.A.
Attorneys, CPAs and Associates

Please send any reply to:
Sarasota Office

May 18, 2005

Thomaso Rizzo
417 67 th Street NW
Bradenton FL 34209

Division of Corporations
Tallahassee FL

Re: Corporation Reinstatement

Attention: John W. Johnson

Please, give us a one time waive of the reinstatement charge for Sicilian Delight, Inc. I have no record of receiving the annual notices for the filing.

Thank You

ANNUAL REPORTS FOR 2003, 2004 AND 2005


Thomaso Rizzo

TR
dpc

Finkelstein & Associates
Attorneys & CPA's
27 Fletcher Ave
Sarasota FL 34237

\$ 150.00
3 YEARS
\$ 450.00 du

Cc:EM


SIGNATURE OF AUTHORITY, THOMASO RIZZO

Thomaso Rizzo