

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 22 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000113628

1. Corporation Name

ALTA VILLA ITALIAN GRILL, INC

2. Principal Office Address

14902 TURTLE DOVE CT

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32824

Country

USA

3. Mailing Office Address

14902 TURTLE DOVE CT

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32824

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

02-0604549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

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7. Name and Address of Current Registered Agent

Name

ABBINANTI, FRANCESCO

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

14902 TURTLE DOVE CT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

500024013915

10/22/03 01043 029 **758.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/14/03

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	ABBINANTI FRANCESCO	14902 TURTLE DOVE CT	ORLANDO, FL 32824
VP	GIARRAPUTO LEONARDO	2433 KALCH CT	OCFEE, FL 34761

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:

GIARRAPUTO LEONARDO V.P.

10/14/03 407 8628700

Date

Daytime Phone #

CR2E081 (10/02)

2 10/28