

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # 001000118107

1. Corporation Name

Amici PIZZA & DELI INC

2. Principal Office Address

26252 SR 54

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lutz, FL.

City & State

Zip

33559

Country

Pasco

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11-16-01

5. FEI Number

59-3754263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

4/30/02 90048 021 150.0

**7. Name and Address of Current Registered Agent**

Name

JOSEPHINE MANNINO

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

8503 SIAMANG CT.

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State  
FL

Zip Code

34653

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

Josephine Mannino

REGISTERED AGENT MUST SIGN

Date OCT-29-02

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
President	Josephine Mannino	8503 SIAMANG CT	N.P.R. FL. 34653

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:

Josephine Mannino JOSEPHINE MANNINO

Date

OCT-29-02 (813) 973-9734

Daytime Phone #

CR2E081 (9/01)

11/7/02

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October 28, 2002

Division of Corporations

To whom it may concern;

We were informed that as of 10-04-2002, our corporation "Amici Pizza & Deli" was dissolved. We were told that documents were sent to us twice, because they were missing the taxpayer ID number, but we never received them. We did, however, send in a check for the \$150.00 renewal fee in April, which you cashed and have on file.

Enclosed is the corporation renewal form with the tax ID #.

Thank you,

Josephine Mannino

*Josephine Mannino*