

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 27 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120754

1. Corporation Name

SOPRANO'S PIZZA INC.

W08 — 24479

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box #

3990 CURRY FORD RD

Suite, Apt. #, etc.

3. Mailing Office Address

3990 CURRY FORD RD

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32806

Country

Zip

32806

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/01

5. FEI Number

74-3025963

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANK MANCHISI

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

2665 K DIXIE BELLE DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32812

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

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 MANCHISI	2665 K DIXIE BELLE DR	OR FL 32812
S	MARIA MANCHISI	2665 K DIXIE BELLE DR	OR FL 32812

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 contained in Chapter 119, 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

Frank Manchisi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-09-08 407-895-9334
Date Daytime Phone #

FRANK MANCHISI

705/30