

1032
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 25 AM 8:00

DOCUMENT # P0200 0019316

1. Corporation Name

VINCENZO'S RISTORANTE, INC

2. Principal Office Address

#207

2454- MC MULLEN BOOTH RD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 207

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

Zip

33759

Country

PINELIAS

Zip

Country

REINSTATEMENT

03-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0550143

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

VINCENZO LONGO

700040501117

08/25/04 01054 003 ***300 00

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

2454- MC MULLEN BOOTH ROAD

Suite, Apt. #, Etc.

SUITE 207

City

CLEARWATER

State

FL

Zip Code

33759

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

8-19-04

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
PRES	VINCENTO LONGO	2373- ANTHONY AVE.	CLEARWATER FL

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:

(President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-19-04

727-726-5558

Daytime Phone #

CR2E081 (01/04)

292
VINCENZO'S RISTORANTE, INC.

2454 Mc Mullen Booth Road Unit 207
Clearwater, Florida 33759
(727) 726-5558

Re: Reinstatement

Dear, Sir or Madam

Enclose you will find a check for \$300.00 for the this year and last year fees.
It has come to my attention that I did not receive a form for last year or this
year for my renewal.

Since I was the register agent and corporate officer and also moved from the
address shown on the corporate records. I did not receive any papers of renewal
nor of a dissolution It was not my intention to ignore this .

Anything that can be done to correct this it will be appreciated

Very Truly Yours

Vincenzo Longo
President