

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT
& AMENDMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 15 AM 11:58

DOCUMENT # P02000051399

1. Corporation Name

FOODS OF TUSCANY, INC.

2. Principal Office Address

4500 OAK CIRCLE, B-11

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

US

3. Mailing Office Address

4500 OAK CIRCLE, B-11

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

US

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

5. FEI Number

03-0442513

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

THOMAS F. COYLE, JR., ESQ.

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

GREENSPOON, MARDER, HIRSCHFELD, ET AL.

Suite, Apt. #, Etc.

100 W. CYPRESS CREEK ROAD, SUITE 700

City

FORT LAUDERDALE

State

FL

Zip Code

33309

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

11/3/04

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
D	JOSEPH COLOMBO	4500 OAK CIRCLE, B-11	BOCA RATON, FLORIDA 33431

700042747837
11/15/04--01050--007 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Colombo

Date

561-392-5299

11/10/04

Daytime Phone #

CR2E081 (01/04)

CR2E081 (01/04)

2/2

FOODS OF TUSCANY, INC.
4500 Oak Circle, B-11
Boca Raton, Florida 33431

November 2, 2004

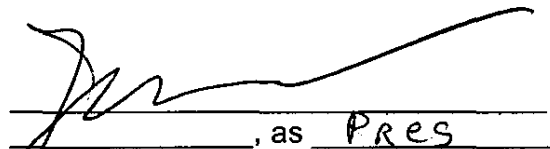
Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee FL 32314

Re: 2004 Annual Report Form

To Whom It May Concern:

The 2004 Annual Report Form for Foods of Tuscany, Inc. was not received before the filing deadline. Please accept the enclosed reinstatement form along with a check in the amount of \$150.00.

Sincerely,


_____, as PRES
Enclosure

G:\ThomasC\8311\0001\AnnualReportLtr1.doc