

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 FEB 27 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000063549

1. Corporation Name

JOEY D'S. ITALIAN RESTAURANT
INC.

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

653 31ST STREET SW

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

SAME

Zip

34117

Country

COLLIER

Zip

34117

Country

FL

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

6/10/02

5. FEI Number

04-368307

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

JOSEPH DIPASCAL

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

65 31ST STREET SW.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34117

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 2/22/08

☒ 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.

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	JOSEPH DIPASCAL	65 31 ST STREET SW.	NAPLES FL 34117
VP	DARLENE DIPASCAL	SAME	SAME
VP	VINCENT PEZZANO	SAME	SAME
VP	DANIEL RUSSETTO	SAME	SAME

100118958501
02/27/08--01043--018 **450.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

2/22/08

Daytime Phone #