

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 12 AM 10:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000074031**

1. Corporation Name

PILIS FOOD, CORP.

Principal Place of Business

Mailing Address

2742 S.W. 8 STREET BAY 4 & 5
MIAMI FL 33135

2742 S.W. 8 STREET BAY 4 & 5
MIAMI FL 33135

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

33-101-2365

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RIZZO, ALESSANDRO	2742 S.W. 8 STREET BAY 4 & 5	MIAMI FL 33135

800024616578
11/12/03--01075--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIZZO, ALESSANDRO
2742 S.W. 8 STREET BAY 4 & 5
MIAMI FL 33135

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/27/03

11. 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

10/27/03 305
Date Daytime Phone #

541-5922

CR2E040 (7/03)

October 27, 2003

Pilis Food Corp.
2742 SW 8th Street
Bay 4 & 5
Miami, FL 33135

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

Re: Document Number P02000074031

I am in receipt of your notice of "Administrative Dissolution or Revocation" for Pilis Food Corp.

Please accept this letter as a reinstatement request for year 2003. The application for reinstatement is enclosed. Please be advised that although the forms were not sent by the date specified, our business did not receive annual renewal forms, or second notices informing of the dissolution/revocation until now (notice received 10-27-2003). Therefore, we are enclosing the applicable renewal fee of \$150.00

If you have any questions or concerns, please do not hesitate to contact me at 305-541-5922.

Respectfully,

A handwritten signature in black ink, appearing to read 'Alessandro Rizzo', written over a horizontal line.

Alessandro Rizzo
Pilis Food Corp.
President