

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

06 JUN 19 PM 3:03

DOCUMENT # P02000096587

1. Corporation Name

VINCENZO'S ITALIAN RESTAURANT, INC.

2. Principal Office Address

410 Flagler Avenue

Suite, Apt. #, etc.

City & State

New Smyrna Bch, FL

Zip

32169

Country

USA

3. Mailing Office Address

410 Flagler Avenue

Suite, Apt. #, etc.

City & State

New Smyrna Bch, FL

Zip

32169

Country

USA

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

9/03/2002

5. FEI Number

NONE

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

Carolyn Gregoire

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

410 Flagler Avenue

Suite, Apt. #, Etc.

City

New Smyrna Bch

State
FL

Zip Code
32169

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

Carolyn Gregoire

REGISTERED AGENT MUST SIGN

Date

6/11/06

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
DP	Mary Baluta	36 Shawnee Road	E. Stroudsburg, PA 18301
VT	Brian T. Baluta	410 Flagler Avenue	New Smyrna Bch, FL 32169
VS	Carolyn Gregoire	649 Middlebury Loop	New Smyrna Bch, FL 32169

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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:

Carolyn Gregoire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/11/06

Daytime Phone #

386-679-4098