

2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 16, 2007
Secretary of State**

DOCUMENT# P02000096587

Entity Name: VINCENZO'S ITALIAN RESTAURANT, INC.

Current Principal Place of Business:

410 FLAGLER AVE
NEW SMYRNA BCH, FL 32169

New Principal Place of Business:

Current Mailing Address:

410 FLAGLER AVE
NEW SMYRNA BCH, FL 32169

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGOIRE, CAROLYN
410 FLAGLER AVE
NEW SMYRNA BCH, FL 32169 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CAROLYN A. GREGOIRE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BALUTA, MARY
Address: 36 SHAWNEE ROAD
City-St-Zip: E STROUDSBURG, PA 18301

Title: VT () Delete
Name: BALUTA, BRIAN T
Address: 410 FLAGLER AVE
City-St-Zip: NEW SMYRNA BCH, FL 32169

Title: VS () Delete
Name: GREGOIRE, CAROLYN
Address: 649 MIDDLEBURY LOOP
City-St-Zip: NEW SMYRNA BCH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN A. GREGOIRE

Electronic Signature of Signing Officer or Director

VP/S

10/16/2007

Date