

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 SEP -5 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02600097135

1. Corporation Name

MAZZOLA'S Little Italy, Inc

2. Principal Office Address

10032 Cross Creek Blvd  
Suite, Apt. #, etc.

3. Mailing Office Address

10201 Garden Alcove Dr  
Suite, Apt. #, etc.

CR2E081 (12/05)

City & State

TAMPA, FL

Zip 33647

Country Hillsborough

City & State

TAMPA, FL

Zip 33647

Country Hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida

9/9/02

5. FEI Number

56-2291422

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

Alan Mazzola

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

10201 Garden Alcove Dr

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33647

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

8/19/06

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
Pres	<u>Alan L Mazzola</u>	<u>10201 Garden Alcove Dr</u>	<u>Tampa FL 33647</u>
VP/Sec	<u>Donna M Mazzola</u>	<u>10201 Garden Alcove Dr</u>	<u>Tampa FL 33647</u>

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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:

[Signature] Alan L Mazzola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/19/06

Daytime Phone #

813 907-9600