

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 OCT 27 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000115994**

1. Corporation Name

**TINA'S CUCINA, INC.**

*C/O Rocco MARUCCI, Esq. Registered Agent*

Principal Place of Business

Mailing Address

633 SE 3 AVE STE 301  
FT LAUDERDALE FL 33301

633 SE 3 AVE STE 301  
FT LAUDERDALE FL 33301



REINSTATEMENT

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

10/28/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	MARUCCI, TINA	633 SE 3 AVE STE 301	FT LAUDERDALE FL 33301

300024099903  
10/27/03--01005--006 \*\*150.00

*RC 10/29*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILINGS, INC.  
3732 NW 16 ST  
FT LAUDERDALE FL 33311

Name

*Rocco MARUCCI, Esq.*

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

*633 SE 3RD AVE Suite 301*

Suite, Apt. #, Etc.

City

*FT. LAUD*

State

**FL**

Zip Code

**33301**

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

*10/16/03*

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:

*Tina Marucci* TINA MARUCCI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/16/03 (954) 769-7373*

Date

Daytime Phone #

CR2E040 (7/03)

# **HARMELIN & MARUCCI, P.A.**

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**ATTORNEYS AT LAW**

Trial Lawyers Building, Suite 301  
633 Southeast Third Avenue  
Fort Lauderdale, FL 33301  
Telephone: (954) 764-7373  
Facsimile: (954) 764-1773

October 20, 2003

The Secretary of State  
Division of Corporations  
Service of Process Section  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Tina's Cucina, Inc.

Dear Sir or Madam:

Enclosed herein please find the Application for Reinstatement for the above corporation. The annual report was never received at the address above. The only notice received was the Notice of Administration Dissolution or Revocation.

Enclosed is a check in the amount of One Hundred Fifty (\$150.00) Dollars as your fee for same./ Please advise that the corporation has been reinstated.

Sincerely,



TINA MARUCCI

RGM:jej  
Encls.