

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 20 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000068749

1. Corporation Name

Luna Rossa, Inc.

10801 Corkscrew Rd., suite 313

Same

2. Principal Office Address

10801 Corkscrew Rd., suite 313

Suite, Apt. #, etc.

313

City & State

Estero, FL.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

33928

Country

U.S.

Zip

Country

REINSTATEMENT 04

800043538038

12/20/04--01069--029 **600.00

04/21/04 90101 050 150.00

4. Date Incorporated or Qualified

To Do Business in Florida 6/20/2003

5. FEI Number

16-1673409

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

Costello, Truman J.

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

12670 N. Brittany Blvd

Suite, Apt. #, Etc.

Suite 101

City

Fort Myers

State

FL

Zip Code

33907

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

REGISTERED AGENT MUST SIGN

Date

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
P	Luigi A. Coppola	4 Coach House Dr.	Owings Mills, MD. 21117
VP	Mario Scotto	9242 Smith Ave.	Baltimore, MD. 21234
VP	Nicola Scotto Di Santolo	302 Tenby Chase Dr.	Delran, NJ 08075
S / T	Antonio Scotto Di Perta	322637 Island Lakes Dr.	Estero, FL. 33928
D	Biagio Lambert	9 Stefany Court	Berlin, NJ 08009

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 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:

Antonio Scotto Di Perta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-04

Date

Daytime Phone #