

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 16 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000171192

1. Corporation Name

D. Pasquale's, Inc.

000160724070
09/16/09--01025--011 **750.00

REINSTATEMENT
CR2E081 (12/08)

05-09

2. Principal Office Address - No P.O. Box #

90 Villante Blvd

3. Mailing Office Address

7103 Windaliere Drive

Suite, Apt. #, etc.

Unit 9026

Suite, Apt. #, etc.

City & State

Punta Gorda, Florida

City & State

Cornelius, NC

Zip

33950

Country

USA

Zip

28031

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number
34-2028437

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

Pasquale Mira

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

90 Villante Blvd

Suite, Apt. #, Etc.

Unit 9026

City

Punta Gorda

State

FL

Zip Code

33950

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Marianna M. Calabrese

REGISTERED AGENT MUST SIGN

Date

9/8/09

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	Marianna M. Calabrese	7103 Windaliere Drive	Cornelius, NC 28031
V-Pres	Angela Mira	7503 Windaliere Drive	Cornelius, NC 28031
Secret	Pasquale Mira	7503 Windaliere Drive	Cornelius, NC 28031
Treas	David Calabrese	7103 Windaliere Drive	Cornelius, NC 28031
	d 9/17		

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:

Marianna M. Calabrese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/09

Date

704.397.7077

Daytime Phone #