

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 16 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000017048

1. Corporation Name

Peruzzi Pizza & Pasta, Inc.

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

4003 Santa Barbara Blvd

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34104

Country

U.S.A

3. Mailing Office Address

2771 Golden Gate Blvd W

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34120

Country

U.S.A

600129678026
05/16/08--01024--011 **450.00
REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

38-3714516

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
* Maria Reategui

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

* 2771 Golden Gate Blvd W

Suite, Apt. #, Etc.

City
* Naples

State

FL

Zip Code

34120

☒ 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

* Maria Reategui

REGISTERED AGENT MUST SIGN

Date

08/12/08

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	Maria Reategui	2771 Golden Gate Blvd W	Naples, FL 34120
VP	Gary Reategui	2771 Golden Gate Blvd W	Naples, FL 34120
VP	Astolfo Reategui	2771 Golden Gate Blvd W	Naples, FL 34120

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: * Maria Reategui MARIA REATEGUI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/12/08

Daytime Phone #

8. MAY 16 2008