

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 19 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10162007 REIN-P CR2E098 (1/07)

DOCUMENT # P05000018534

1. Entity Name
CRISTINA'S SUBS & DELI, INC.



Principal Place of Business 9584 MARICAMP RD OCALA, FL 34472	Mailing Address 9584 MARICAMP RD OCALA, FL 34472
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 564 Silver Course Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocala, FL	City & State Ocala, FL	4. FEI Number 20-2308932	Applied For <input type="checkbox"/> Not Applicable
Zip 34472	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAGOSTA, ANGELO N
9584 MARICAMP RD
OCALA, FL 34472**

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Angelo N. Ragosta* **Angelo N. Ragosta** **10-17-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	RAGOSTA, ANGELO N	<input type="checkbox"/> Delete
NAME		9584 MARICAMP RD	
STREET ADDRESS		OCALA, FL 34472	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition	564 Silver Course Circle
NAME			Ocala, FL 34472
STREET ADDRESS			<i>address only</i>
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Angelo N. Ragosta* **Angelo N. Ragosta** **10-17-07** **352-687-1989**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

REINSTATEMENT
2007