

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 MAR 19 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # P05000146795**

1. Corporation Name

PastaBlitz of Naples, Inc.

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

2355 Vanderbilt Beach Rd

Suite, Apt. #, etc.

156

City & State

Naples, FL

Zip

34109

Country

USA

3. Mailing Office Address

600 East Joppa Road

Suite, Apt. #, etc.

City & State

Towson, MD

Zip

21286

Country

USA

400120761194
03/19/08--01040--017 **450.00**REINSTATEMENT**

06-08

WOP

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/2005

5. FEI Number

20-3748522

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

Truman J. Costello

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

12670 New Brittany Blvd.

Suite, Apt. #, Etc.

Suite 101

City

Fort Myers

State

FL

Zip Code

33907

☒ 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

Date

March 17, 2008

REGISTERED AGENT MUST SIGN

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	Antonio Scotto Di Pert	6611 Lakeshore Lane # 813	Fort Myers, FL 33912
V	Biagio Lamberti	9 Stefany Court	Berlin, NJ 08009
S/T	Antonio Luigi Coppola	9614 Hickory Hurst Drive	Nottingham, MD 21236

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:

Antonio Luigi Coppola

Date

3/13/08

(410) 321-5510

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR