

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000022472

1. Corporation Name

ARGENTOS ITALIAN RESTAURANT & BAKERY INC

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

15925 US HWY 19

Suite, Apt. #, etc.

3. Mailing Office Address

15925 US HWY 19

Suite, Apt. #, etc.

City & State

HUDSON, FL

City & State

HUDSON, FL

Zip

34667

Country

USA

Zip

34667

Country

USA

FILED
12 JAN 31 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-4200632

☐ 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

SALVATORE ARGENTO

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

18627 LANSFORD DRIVE

Suite, Apt. #, Etc.

City

HUDSON

State

FL

Zip Code

34667

700220057747
01/31/12--01003--014 **900.00

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 **01-21-12**

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/T	SALVATORE ARGENTO	18627 LANSFORD DRIVE	HUDSON, FL 34667
V/S	DEBORAH ARGENTO	18627 LANSFORD DRIVE	HUDSON, FL 34667

REINSTATEMENT S. HAWKES

JAN - 2012

EXAMINER

10. E-mail Address: **SALARGENTO58@YAHOO.COM**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

01-21-12

Daytime Phone #