

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2014 MAR 24 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P12000103425

1. Corporation Name

**Chianti Cucina, Inc**

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

3900 Clark Road

Suite, Apt. #, etc.

BLDG M-1, 2, 3

City & State

Sarasota, FL

Zip

34233

Country

US

3. Mailing Office Address

3900 Clark Road

Suite, Apt. #, etc.

BLDG M-1 & 2, 3

City & State

Sarasota, FL

Zip

34233

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/2012

5. FET Number

46-1701709

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

Edward Pizzuti

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

3900 Clark Road

Suite, Apt. #, Etc.

Unit 1-3 Bldg M

City

Sarasota

State

FL

Zip Code

34233

700258120857  
04/08/14--01005--002 \*\*158.75

700258120857  
03/24/14--01002--003 \*\*750.00

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

Date

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
PS	Pizzuti, Edward	3900 Clark Road	Sarasota, FL 34233
vpT	Pizzuti, Josephine	3900 Clark Road	Sarasota, FL 34233
D	Pizzuti, Edward	3900 Clark Road	Sarasota, FL 34233
<b>REINSTATEMENT</b>			<b>S. HAWKES</b>
2013-2014			MAR 24 A.M.
			<b>EXAMINER</b>

10. E-mail Address: www.chiantisarasota.com

EDPIZZUTI@COMCAST.NET

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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

EDWARD PIZZUTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-2014 941-952-3186

Date

Daytime Phone #