

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED AND FILED**

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1997 APR 24 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066643

1. Corporation Name

Sergio's Italian Cuisine Inc

Principal Place of Business

Mailing Address

2408 N Essex Ave  
Hernando FL 34442

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3202969

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Frank Giacobbi	2408 N Essex Ave	Hernando FL 34442
C	Vonda Petit	2613 W Coster Dr	Bev Hills FL 34442
			400002155804--0 -04/25/97--01110--015 ****923.75 ****923.75
D	Benyle Valerino	10115 W Pamondeho Cir	Crystal River FL 34428

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~Benyle Valerino~~  
~~2408 N Essex Ave~~  
~~10115 W Pamondeho Circle~~  
~~Crystal River FL 34428~~

Name  
Benyle Valerino  
Street Address (P.O. Box Number is Not Acceptable)  
10115 W Pamondeho Circle  
Suite, Apt. #, Etc.  
City  
Crystal River  
State  
FL  
Zip Code  
34428

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Benyle Valerino

REGISTERED AGENT MUST SIGN

Date 4/24/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Benyle Valerino Benyle Valerino  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97  
Date

(352)  
621-7522  
Daytime Phone #

CR2E040 (12/96)