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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPROVED
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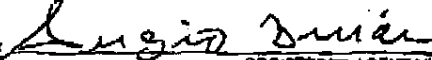
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000068542			
1. Corporation Name IL POSTO, INC.			
2. Principal Office Address 1170 THIRD STREET SO		3. Mailing Office Address 1170 THIRD STREET SO	
Suite, Apt. #, etc. SUITE F101		Suite, Apt. #, etc. SUITE F101	
City & State NAPLES, FLORIDA		City & State NAPLES, FLORIDA	
Zip 34102	Country USA	Zip 34102	Country USA

REINSTATEMENT 2003

4. Date Incorporated or Qualified To Do Business in Florida 9/27/1983	Applied For ☐ Not Applicable
5. FEI Number 650433557	
6. CERTIFICATE OF STATUS DESIRED ☒	SR-75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name DURAN, SERGIO	
Street Address (P.O. Box Number is Not Acceptable) 1170 THIRD STREET SOUTH	
Suite, Apt. #, Etc. SUITE F101	
City NAPLES	State FL
	Zip Code 34102

B. 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 **9/30/03**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVST	SERGIO DURAN	1170 THIRD STREET SO	NAPLES, FL 34102
D	JOSE DURAN	1170 THIRD STREET SO	NAPLES, FL 34102

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 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/03

Date

239-261-8650

Daytime Phone

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

IL POSTO, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
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