

2004

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV -5 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000006051**

1. Corporation Name

Verona Pizza & Italian Restaurant, Inc.

2. Principal Office Address

5257 33rd St. E.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL.

City & State

Zip

B4203

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-18-94

5. FEI Number

65-0458735

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

Joseph Geraci

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

23708 77th Avenue East

Suite, Apt. #, Etc.

City

Myakka City

State
FL

Zip Code

34251

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

[Signature]

Date

10-28-04

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
DP	Joseph Geraci	23708 77 th AVE. E.	Myakka City, FL 34251
VST	Josephine Geraci	23708 77 th Ave. E.	Myakka City, FL 34251

500042533295
11/05/04--01063--008 **458.75

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-04

Daytime Phone #

CR2E081 (01/04)

2 of 2

FILED

Verona Pizza & Italian Restaurant, Inc.

5257 33rd Street East, Bradenton, Florida 34203

Phone: 941-753-7008

01 NOV 5 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 28, 2004

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: # P94000006051

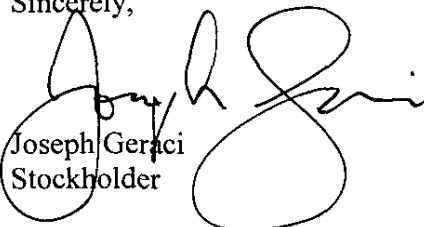
Dear Sir or Madam:

We needed to buy some insurance and we were told that our corporation had been dissolved. We have not received any mailings from your office nor have we received notice that we have been dissolved.

We are asking to be reinstated and we are waiving the penalty since we have received no notices from your office. We are sending in the forms for all three years and a check to cover the filing fees of \$450.00 plus \$8.75 to receive a certificate of status.

Thanking you for your cooperation in advance.

Sincerely,


Joseph Geraci
Stockholder

VERONA PIZZA & ITALIAN RESTAURANT, INC.
5257 33RD STREET EAST, BRADENTON, FLORIDA 34203
PHONE: 941-753-7008
FAX: 941-753-7009
E-MAIL: VERONA@VERONAPIZZA.COM
WWW.VERONAPIZZA.COM