

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 11 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

794000003057

Corporation Name

BELLA NAPOLI RESTAURANT AND PIZZERIA, INC.

1. Principal Office Address

1366 NE Riviera Drive

Suite, Apt. #, etc.

City & State

Palm Bay, Florida

Zip

32905

Country
USA

3. Mailing Office Address

1366 NE Riviera Drive

Suite, Apt. #, etc.

City & State

Palm Bay, Florida

Zip
32905

Country
USA

4. Date Incorporated or Qualified
To Do Business In Florida

8/22/94

5. FEI Number

59 3266858

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

GIUSEPPE SALIERNO

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

1366 NE Riviera Drive

Suite, Apt. #, Etc.

City Palm Bay

State
FL

Zip Code
32905

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

FEB 22-02

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
PTD	Giuseppe Salierno	1366 NE Riviera Drive	Palm Bay, FL 32905
VPS	Maria Salierno	1366 NE Riviera Drive	Palm Bay, FL 32905

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

Date

Daytime Phone #

CR2E081 (9/00)