

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000063057

1. Corporation Name

Bella Napoli Resturant and Pizzeria Inc

2. Principal Office Address

1340 US Hwy #1

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip
32960

Country

3. Mailing Office Address

1340 US Hwy #1

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip
32960

Country

FILED

2006 JUN 15 PM 3:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/22/1994

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
Guisseppe Salierno

Street Address (P.O. Box Number is Not Acceptable)
1340 US Hwy #1

Suite, Apt. #, Etc.

City
Vero Beach, FL

State
FL

Zip Code
32960

REINSTATEMENT

**B. Little/De
03-06**

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]

REGISTERED AGENT MUST SIGN

Date **6 14 06**

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	Guisseppe Salierno	1340 US Hwy #1	Vero Beach, FL
VPS	Maria Salierno	1340 US Hwy #1	Vero Beach, FL

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06/21/06--01017--007 **1208.75**

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 contained in Chapter 119, 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:

JOSEPH SALIERNO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-06

Date

Dee

Daytime Phone #