

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 OCT 20 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 94000073349

1. Corporation Name

Mangia e. Bevi, Inc.

Principal Place of Business

Mailing Address

2055 Periwinkle Way
Sanibel, FL 33957

Same

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

See above

See above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/94

5. FEI Number

65-0539128

Applied For

Not Applicable

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
P-D	Steven m. Bronstein	<u>15031 Punta Rassa Rd.</u> <u>Ft Myers FL 33908</u>	<u>Ft Myers, FL 33908</u>
VP-D	Scott W Weinstein	<u>1625 Hendry St. #201</u> <u>Ft Myers, FL 33901</u>	<u>Ft Myers, FL 33901</u>
T-D	Saul Lapichus	<u>313 W. 74 St.</u> <u>New York, NY 10023</u>	<u>New York, NY 10023</u>
			<u>500002327055-1</u> <u>10/22/97-01005-002</u> <u>****923.75 ****923.75</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Steven W. Hubbard
2080 McGregor Blvd.
Third Floor
Ft Myers, FL 33901

Name

Scott Weinstein

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

1625 Hendry St

Suite, Apt. #, Etc.

Ste. 201

City

Ft. Myers

State

FL

Zip Code

33901

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/13/97

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)(l), 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

10-15-97 9413348844

Date

Daytime Phone #

CR2E040 (12/96)