

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN -7 PM 12:34

DOCUMENT # P94000089131

1. Corporation Name

AMICI'S TRATTORIA INC.

2. Principal Office Address - No P.O. Box #

10201 HAMMONDS BLVD UNIT 140

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33196

Country

USA

Zip

33195

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/1994

5. FEI Number

65-0539793

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

ENRIQUE APICELLA

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

10201 HAMMONDS BVD STE # 140

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 12/16/2009

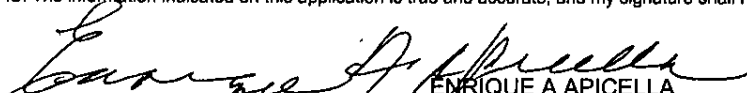
REGISTERED AGENT MUST SIGN

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
PVPT	APICELLA, ENRIQUE A	15125 SW 74 TERR	MIAMI FL 33158-2144
ST	APICELLA, JANET	15125 SW 74 TERR	MIAMI FL 33158-2144
			800164744988
			01/06/10--01020--026 **300.00

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/2009

Date

305-388-3787

Daytime Phone #

KS

REINSTATEMENT

09-10