

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVAL
AND
FILED

DOCUMENT # **P95000003696**

1. Corporation Name

SECOND STREET DELI, INC.

OCT 24 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2112 SECOND ST.
FT. MYERS FL 33901

Mailing Address

17497 BRENTWOOD CT.
FORT MYERS FL 33912



REINSTATEMENT 2003

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1995

5. FEI Number

65-0547888

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VS	DIFEO, SABINO J	17497 BRENTWOOD CT.	FORT MYERS FL 33912
PT	DIFEO, DENISE E	17497 BRENTWOOD CT.	FORT MYERS FL 33912
			800024058378 10/24/03--01005--012 **750.00

8. Name and Address of Current Registered Agent

DIFEO SABINO J
17497 BRENTWOOD CT.
FORT MYERS FL 33912

9. Name and Address of New Registered Agent

Name Sabino J DifEO
Street Address (P.O. Box Number is Not Acceptable)
17497 Brentwood CT
Suite, Apt. #, Etc.
City Fort Myers State FL Zip Code 33912

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. or 617.0505, F.S.

Signature of
Registered Agent

Sabino J DifEO

REGISTERED AGENT MUST SIGN

Date

10-22-03

11. 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:

Sabino J DifEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-03 239-332-5225

CR2E040 (7/03)