

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000018676**

1. Corporation Name

CLEMENTE PANETTERIA INC.

Principal Place of Business

Mailing Address

3230 44TH AVE
ST. PETERSBURG BEACH FL 33714

3230 44TH AVE
ST. PETERSBURG BEACH FL 33714



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/08/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3300260	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4. City / State / Zip
D	SILVESTRI, ANNA	3142 W. VINA DEL MAR BLVD.	ST. PETERSBURG BEACH FL 33706
			500003454825--0 -10/07/00--01081--025 ****750.00 ****750.00
			600003454946--3 -11/07/00--01054--025 ****750.00 ****750.00
			REINSTATEMENT 78

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SILVESTRI, ANNA 3142 W. VINA DEL MAR BLVD. ST. PETERSBURG BEACH FL 33706		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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 ANNA SILVESTRI Date 10/18/00

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

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: ANNA SILVESTRI Date 10/18/00 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR