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 DEC 17 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000093047**

1. Corporation Name

SAVINO'S ITALIAN ICES, INC.

Principal Place of Business	Mailing Address
~~2501 ROCK ISLAND ROAD~~ ~~SUITE 308~~ ~~CORAL SPRINGS FL 33063~~	2501 ROCK ISLAND ROAD SUITE 308 CORAL SPRINGS FL 33063

REINSTATEMENT 97 (Q)

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
3116 Marion Ave	1126 South Powerline Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Margate, FL	City & State: Deerfield Beach, FL
Zip: 33063 Country: Brownd	Zip: 33442 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 12/07/1995

5. FEI Number: 65-0635261 ☐ 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	SAVINO, BARBARA	~~2501 ROCK ISLAND ROAD~~ 3116 Marion Ave	MARGATE FL 33063
VP	BASSET, BARBARA	2851 ROCK ISLAND ROAD	MARGATE FL 33063
ST	PANETTA, WANDA	2501 ROCK ISLAND ROAD	MARGATE FL 33063

700002380072--3
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****750.00 ****750.00

8. Name and Address of Current Registered Agent

SAVINO, BARBARA
2501 ROCK ISLAND ROAD
SUITE 308
CORAL SPRINGS FL 33063

9. Name and Address of New Registered Agent

Name: William Greene
Street Address (P.O. Box Number is Not Acceptable): 4698 NW 103 AVE
Suite, Apt. #, Etc.:
City: Sunrise | State: FL | Zip Code: 33351

CR2E040 (8/97)

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: William Greene
REGISTERED AGENT MUST SIGN
Date: 11/11/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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: Barbara Savino / Barbara Savino Dec-10/97 954/426-4119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #