

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # p96000063052

1. Corporation Name

rocco's pizza inc.

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

205 johnson st.

3. Mailing Office Address

205 johnson st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

hollywood fl.

City & State

hollywood fl.

Zip

33019

Country

broward

Zip

33019

Country

broward

**7. Name and Address of Current Registered Agent**

Name

GAETANO TUSA

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

3329 CLEVELAND ST.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

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

*Gaetano Tusa*

Date 9/28/09

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
P	GAETANO TUSA	205 JOHNSON ST	HOLLYWOOD FL. 33019

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:

*Gaetano Tusa*

GAETANO TUSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/28/09

Date

954-926-3305

Daytime Phone #

FILED

09 OCT -2 PM 2:32

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

300161273013  
10/02/09--01038--009 \*\*600.00

REINSTATEMENT CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida 1997

5. FEI Number 650696191

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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.

*gbo*

10/20