

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # 946000099465

1. Corporation Name

Nene's Italiania, Inc. d/b/a Valentino's Pizza

REINSTATEMENT

02

200008732632
10/31/02--01096--002 **750.00
200008732632
10/31/02--01096--003 **8.75

2. Principal Office Address (new)

33497 South Dixie Highway

Suite, Apt. #, etc.

105

City & State

Homestead, Florida

Zip

33034

Country

U.S.A.

3. Mailing Office Address (new)

1140 A Independence Trail

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33034

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/96

5. FEI Number

65-0712471

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

Christie Barrios

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

1140 A. Independence Trail

Suite, Apt. #, Etc.

City

Homestead, Florida

State
FL

Zip Code
33034

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

Christie Barrios
REGISTERED AGENT MUST SIGN

Date 10/22/02

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/S	Joseph Davis	19800 Sw 180th Avenue	Miami, Florida 33187
VP/T	Christine Barrios	1140 A Independence Trail	Homestead, Florida 33034

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 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:

Christie Barrios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

(786)488-9522

Daytime Phone #

CR2E081 (9/01)