

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052



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

DOCUMENT # P97000004850

1. Corporation Name

MARIA & LUCIA PIZZARIA & ITALIAN RESTAURANT, INC

Principal Place of Business

8211 WEST ATLANTIC BLVD  
CORAL SPRINGS FL 33079

Mailing Address

8211 WEST ATLANTIC BLVD  
CORAL SPRINGS FL 33079

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

01/16/1997

5. FEI Number

65-0726379

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name 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
D	MASON, TARIK S	10120 BOCA ESTRADA BLVD, #208	BOCA RATON FL 33428
D	DITATA, ANNA AMRIA	4901 BANYAN LANE	TAMARAC FL 33321

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Tarik Mason

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

10120 Boca Estrada Blvd #208

Suite, Apt. #, Etc.

Boca Raton

City

Boca Raton

State

FL

Zip Code

33428

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

*[Signature]* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/27/02

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:

*[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/02

Daytime Phone #

CR2040 (8/02)

2012  
8211 West Atlantic Blvd  
Coral Springs, Fl. 33071

# Maria & Lucia Pizzaria

December 31, 2002

Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Fl 32314

Dear Sir or Madam,

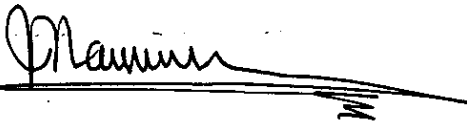
RE: Maria & Lucia Pizzeria document # P97000004850

I am writing this letter because I received notice of administrative dissolution from your office. I submitted the payment of \$150.00 filing fee for 2002 in a timely fashion and check was cashed by your office. I had not heard anything further so I thought all was well until I received this notice.

I contacted your office at (850)245-6059 several times to resolve this issue and finally I spoke to a gentleman that advised me to send a letter to explain my situation. I believe there has been an oversight on your part or an oversight on my part because in paying the fees didn't realize more was needed from me to solve the issue. I am really financially strapped at the moment and am not able to pay the reinstatement fees so I am requesting if the late fees can be waved because I did file in time and you did cash the check for payment made for filing for 2002.

I am submitting \$150.00 payment for filing for 2003 and am submitting the document # P97000004850 for reinstatement.

Sincerely,



Tarik Mason  
Owner/ Tresurer

[Click here and type slogan]