

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

FILED

03 JAN 14 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020773

**1. Corporation Name**

Pizza Italia Limited, Inc.

**2. Principal Office Address**

3009 East Las Olas Blvd.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33316-1615

Country

U.S.A.

**3. Mailing Office Address**

3009 East Las Olas Blvd.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33316-1615

Country

U.S.A.

200010077472  
01/14/03--01061--001 \*\*1208.75

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

02/24/1997

**5. FEI Number**

650736284

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

Leonard J. Scarnato

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

1344 N.W. 100th Avenue

Suite, Apt. #, Etc.

City

Coral Springs, Florida

State

FL

Zip Code

33071

**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

*Leonard J. Scarnato*

REGISTERED AGENT MUST SIGN

Date 1-6-03

**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
Pres, Sec, D	Leonard J. Scarnato	1344 N.W. 100th Avenue	Coral Springs, FL 33071
VP, T, D	Thomas F. Coyle	708 N.W. 39th Avenue	Deerfield Beach, FL 33442

**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:

*Leonard J. Scarnato*

LEONARD J. SCARNATO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

Date

954-523-2600

Daytime Phone #

CR2E081 (9/99)