

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 10 AM 7:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000038494  
1. Corporation Name LUCARELLA'S INC.

2. Principal Office Address <u>3080 N.E 47 COURT</u>		3. Mailing Office Address <u>3080 N.E 47 COURT</u>	
Suite, Apt. #, etc. <u># 508</u>		Suite, Apt. #, etc. <u># 508</u>	
City & State <u>FORT LAUD. FL</u>		City & State <u>FORT LAUD. FL</u>	
Zip <u>33308</u>	Country <u>BROWARD</u>	Zip <u>33308</u>	Country <u>BROWARD</u>

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida <u>4/28/1997</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number <u>65-0750378</u>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>JEROME SQUADRITO</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3080 NE 47 COURT</u>	<u>600030236726</u>
Suite, Apt. #, Etc. <u># 508</u>	<u>03/10/04--01053--018 **90.00</u>
City <u>FORT LAUDERDALE</u>	State <u>FL</u> Zip Code <u>33308</u>

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 [Signature] Date 3/6/04

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
<u>PD</u>	<u>JEROME SQUADRITO</u>	<u>3080 NE 47 CT #508</u>	<u>FT. LAUD. FL. 33308</u>
<u>VST</u>	<u>MARIA SQUADRITO</u>	<u>3080 NE 47 CT #508</u>	<u>FT. LAUD. FL. 33308</u>

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: [Signature] JEROME SQUADRITO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/6/04 Daytime Phone # 954-868-0659

CR2E031 (01/04)