

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000084144**

1. Corporation Name

**Cosimo's Brick Oven of Sarasota, Inc.**

Mailing Address

**1089 Little Britain Road  
New Windsor, NY 12553**

Principal Place of Business

**1089 Little Britain Road  
New Windsor, NY 12553**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT AD**

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

**September 29, 1997**

5. FEI Number

**06-1506627**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/ Treas. Dir.	<b>Cosimo DiBrizzi</b>	<b>450 River Road</b>	<b>Newburgh, New York 12550</b>
VP/Sec Dir.	<b>Carlo Citera</b>	<b>217 Beechwood Avenue</b>	<b>Poughkeepsie, NY 12601</b>
Dir.	<b>Angela DiBrizzi</b>	<b>450 River Road</b>	<b>Newburgh, NY 12550</b>

**700002969857-1**  
**-08/25/99--01073--016**  
**\*\*\*915.00 \*\*\*915.00**

8. Name and Address of Current Registered Agent

**UCC Filing & Search Services  
526 East Park Avenue  
Tallahassee, Florida 32301**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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.

Signature of  
Registered Agent

*Alexhea Culnesson*

REGISTERED AGENT MUST SIGN

Date **8/13/99**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for  
additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/30/99**  
Date

**914-564-5571**  
Daytime Phone #

CR2E040 (6/94)