

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000084144

1. Corporation Name

COSIMO'S BRICK OVEN OF SARASOTA, INC.

Principal Place of Business

Mailing Address

3501 SOUTH TAMIAMI TRAIL
UNIT #201
SARASOTA FL 34239

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 Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/29/1997

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	DIBRIZZI, COSIMO	450 RIVER ROAD	NEW BURGH NY 12550
D	DIBRIZZI, ANGELA	450 RIVER ROAD	NEW BURGH NY 12550
VPSD	CITERA, CARLO	217 BEECHWOOD AVE	PUOGHKEEPSIE NY 12601
			000004679600--9 -11/14/01--01095--009 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

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

COSIMO'S BRICK OVEN PIZZA OF TALLAHASSEE
2415 NORTH MONROE STREET
TALLAHASSEE FL 32303

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

845
10-23-01 564-5571

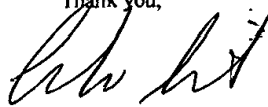
Cosimo's Management
1089 Little Britain Rd
New Windsor, NY 12553

October 22, 2001

To whom it may concern,

Enclosed you will find a \$150.00 check for the Department of state. I did not receive a form for the year 2001.

Thank you,

A handwritten signature in cursive script, appearing to read "C. H. H.", is written below the "Thank you," text.