

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 10 PM 4:00

DOCUMENT # P97000089226

1. Corporation Name

SIMONA, INC.

2. Principal Office Address

4473 N. University Drive

Suite, Apt. #, etc.

3. Mailing Office Address

4473 N. University Drive

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-15-1997

5. FEI Number

650825327

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

Paola Gentile

300005326899-2

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

5620 N. Park RD FT. Lauderdale

-04/23/02--01066--013

****300.00 ****300.00

Suite, Apt. #, Etc.

City

FT. Lauderdale

State

FL

Zip Code

33312

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

Paola Gentile

REGISTERED AGENT MUST SIGN

Date 3-26-02

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
P	Mario Gentile	5620 N. Park RD	FT. Lauderdale, FL
P	Vincenzo Gentile	5620 N. Park RD	FT. Lauderdale, FL
P	Paola Gentile	5620 N. Park RD	FT. Lauderdale, FL

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:

Paola Gentile

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)
3-26-02 747-5252

Date

Daytime Phone #

CR2E081 (9/01)

3-26-02

To Whom it may Concern, We
(Simona Inc. DBA Roasted Garlic). did
not receive our form for the year
2001. Please wave the \$600.00
penalty. Thank You! Simona Inc.

Paola Gentile
Paola Gentile