




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1063

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|--|--|---|---|---|--|
| <b>2001 CORPORATION REINSTATEMENT</b><br><b>UBR</b>  |  |  |   | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT #</b> P97000101047   |  |   |   |   |  |
| <b>1. Corporation Name</b><br>DUE RISTORANTE, INC.   |  |   |   |   |  |
| <b>2. Principal Office Address</b><br>730 US HWY 1<br>Suite, Apt. #, etc.  |  |   | <b>3. Mailing Office Address</b><br>SAME<br>Suite, Apt. #, etc. |   |  |
| <b>City &amp; State</b><br>N PALM BCH, FL  |  |   | <b>City &amp; State</b>   |   |  |
| <b>Zip</b><br>33408  | <b>Country</b><br>PALM BEACH             | <b>Zip</b>  | <b>Country</b>  | <b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/1/97                                      |  |
| <b>5. FEI Number</b><br>65-0796516   |  |   |   | <b>Applied For</b><br>Not Applicable  |  |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>   |  |   |   | <b>\$8.75 Additional Fee required for a Certificate of Status</b>   |  |
| <b>7. Name and Address of Current Registered Agent</b>   |  |   |   |   |  |
| <b>Name</b><br>WALTER ARANGO   |  |   |   |   |  |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>730 US HIGHWAY ONE  |  |   |   |   |  |
| <b>Suite, Apt. #, Etc.</b>   |  |   |   |   |  |
| <b>City</b><br>NORTH PALM BEACH  |  |   | <b>State</b><br>FL  | <b>Zip Code</b><br>33408  |  |
| <b>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.</b>  |  |   |   |   |  |
| <b>Signature of Registered Agent</b><br>  |  |   | <b>Date</b> 11/6/01   |   |  |
| <b>REGISTERED AGENT MUST SIGN</b>  |  |   |   |   |  |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>   |  |   |   |   |  |
| <b>Titles</b>  | <b>Name of Officers and/or Directors</b> | <b>Street Address of Each Officer and/or Director</b>                             |   | <b>City / State / Zip</b>   |  |
| PVST   | ARANGO, WALTER                           | 730 US HWY ONE  |   | N PALM BCH, FL 33408  |  |
| D  | ARANGO, WALTER                           | 730 US HWY ONE  |   | N PALM BEACH, FL 33408  |  |
|  |  |   |   |   |  |
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|  |  |   |   |   |  |
| <b>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.</b> |  |   |   |   |  |
| <b>SIGNATURE:</b><br>   |  |   | <b>Date</b> 11/6/01   |   |  |
| <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>  |  |   | <b>Daytime Phone #</b>  |   |  |

203

***Mackail & Sterling  
CPA's & Associates, P.A.***

**Ron T. Mackail  
Edward C. Sterling  
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**636 US Highway One  
Suite 118  
North Palm Beach, FL 33408-4611**

**(561) 881-1488  
(561) 881-1490  
Facsimile**

November 6, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: DUE RISTORANTE, INC.  
730 US HIGHWAY ONE  
NORTH PALM BEACH, FL 33408  
CORPORATION REINSTATEMENT  
FEI #: 65-0796516  
DOC #: P97000101047**

Dear Sir/Madam:

Please find enclosed a completed reinstatement form, signed by the Registered Agent and the President of the corporation. Also, please find enclosed a check in the amount of \$150.00 for the annual filing fee for the reinstatement of the application for the above taxpayer.

I spoke with the taxpayer in regards to his annual filing fee, and unfortunately the taxpayer has advised me that he never received the first notice that was due by May 1<sup>st</sup> or the second notice requesting the same. On November 6, 2001, I spoke with Mr. Twrone, a representative with the State of Florida. I explained to Mr. Twrone the situation and he advised me to do the following:

1. Fill out the application for reinstatement and enclosed a check in the amount of \$150.00.
2. Request the late fees to be waived, due to the fact that the taxpayer did not receive the first application or the second notice that was due to the Secretary of State.

I believe, in this situation, when I spoke with the State of Florida, they advised me that there were many other corporations that were not received, due to a bulk mailing, and the taxpayers did not receive that information.

303

Florida Department of State  
November 6, 2001  
Page Two

I would appreciate if you would please reinstate the enclosed corporation. I will advise my client, from this point forward, that sometime in January or February, he should be receiving, in the mail, the Uniform Business Report for 2002.

I appreciate your consideration in the reinstatement process.

Respectfully yours,



Ron T. Mackail,  
For the Firm

RTM/jms

Enclosures

Cc: Walter Arango