

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 23 PM 6:12

DOCUMENT # P97000106389

1. Corporation Name

EMILIO'S ITALIAN RESTAURANT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

Principal Place of Business

Mailing Address

11130 E OAKLAND PARK BLVD
SUNRISE FL 33351

11130 E OAKLAND PARK BLVD
SUNRISE FL 33351



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0801081

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D/P	CORSO, ANTHONY E	11130 E OAKLAND PARK BLVD	SUNRISE FL 33351
V	CORSO, ANTHONY	9910 S GRAND DUNE CIRCLE	TAMARAC FL 33321

9000003456119--2
-11/07/00--01120--020
*****550.00 *****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORSO, ANTHONY E
11130 E OAKLAND PARK BLVD
SUNRISE FL 33351

Name

ANTHONY CORSO

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

9910 SOUTH GRAND DUNE CIRCLE

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

3332

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

[Handwritten signature: Anthony Corso]
REGISTERED AGENT MUST SIGN

Date

10/17/00

11. 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:

[Handwritten signature: Anthony Corso]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00

Date

(954) 7466262

Daytime Phone #

Oct. 18, 2000

2052

Florida Dept of State

I am sending a check for \$550.00 for the renewal of my Corporation Report. I received this revocation notice on Sat Oct 14, 2000. I phoned your office on Monday Oct 16, 2000. I spoke to a service rep. I told her that I never received any other application forms in the mail. She said that forms were sent out in January & another in June. I have been in business for 30 years & have never missed on any license or applications. I would never let any important paper work slide by if it would jeopardize my business or occupation. I also realize that you probably hear this story every day of the week, but I am truly telling you the truth. Your advisor told me to send a check for \$550.00 and it would be reviewed. I hope that you will accept the check for \$550.00 and that we will not have this problem again next year.

Yours truly

Anthony Corso VP