

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 23 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000006582

1. Corporation Name

CICCIO & TONY'S WRAPPERIA, INC.

Principal Place of Business

157 WESTSHORE PLAZA  
#157  
TAMPA FL 33609  
US

Mailing Address

157 WESTSHORE PLAZA  
#157  
TAMPA FL 33609  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/21/1998

5. FEI Number

59-3492448

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	4 City / State / Zip
P	LANZA, JAMES	50 ADALIA AVE	TAMPA FL 33629
V	GIGANTE, JEFF	329 BAYSHORE BLVD	TAMPA FL 33606
operation manager	Chai Reynolds	4506 S. Oak Dr S-101	Tampa, FL 33611
			100003454939-4 -10/07/00-01054-022 ****750.00 ****750.00
			REINSTATEMENT
			900003454939-5 -11/07/00-01054-022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LANZA, JAMES  
157 WEST SHORE PLAZA  
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name  
Chai Reynolds  
Street Address (P.O. Box Number is Not Acceptable)  
4506 S. Oak Dr. S-101  
Suite, Apt. #, Etc.  
S-101  
City  
Tampa, FL  
State  
FL  
Zip Code  
33611

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  
REGISTERED AGENT MUST SIGN

Date 10-16-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-00 (813) 286-8170

CR2E040 (8/00)