

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 29 PM 2:02

DOCUMENT # **P98000088283**

1. Corporation Name

VILLA PIZZA OF MIAMI INC. 1906/911

Principal Place of Business

Mailing Address

17 ELM STREET
 MORRISTOWN NJ 07960

17 ELM STREET
 MORRISTOWN NJ 07960



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

REINSTATEMENT 01
 4. Date Incorporated or Qualified To Do Business in Florida: **10/15/1998**
 5. FEI Number: **58-2420496**
 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 |
|------------|-------------------------------------|--|---|
| D | SCOTTO, BIAGIO | 17 ELM STREET | MORRISTOWN NJ 07960 |
| S | PUGLIESE, BIAGIO | 17 ELM ST | MORRISTOWN NJ 07960 |
| | | | 800004690058--7 -11/20/01--01096--014 ***750.00 ***750.00 |
| | | | <i>J. Pugliese</i> |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | |
|--|--|--------------------|
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | Name | |
| | Street Address (P.O. Box Number is Not Acceptable) | |
| | Suite, Apt. #, Etc. | |
| | City | State FL |
| | | Zip Code |

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: *Biagio Pugliese*
 REGISTERED AGENT MUST SIGN Date: **10-24-01**

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)(l), 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: *Biagio Pugliese*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BIAGIO PUGLIESE**
 Date: **10/19/01**
 Daytime Phone #

CRE040 (8/01)