

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
**2000 UBC**  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P99000001700

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1. Corporation Name

NEW TAMPA WRAPPERIA, INC.

Principal Place of Business

Mailing Address

~~1015 S. HOWARD AVE  
TAMPA FL 33606~~  
16019

~~1015 S. HOWARD AVE  
TAMPA FL 33606~~



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

2. New Principal Office Address, If Applicable

16019 Tampa Palms Blvd

3. New Mailing Office Address, If Applicable

16019 TAMPA

4. Date Incorporated or Qualified To Do Business in Florida

01/07/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Palms Blvd

5. FEI Number

593571449

Applied For

Not Applicable

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33647

Country

Zip

33647

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
owner	JAMES LANZA	50 Adalida Ave	TAMPA FL 33606
owner	Jeff Gigante	3307 W. Granada	TAMPA FL 33629
owner	Robert Garofano	5132 Sterling Manor Dr	TAMPA FL 33647
			400003496844--2 -12/12/00--01041--004 ***158.75 ***158.75

8. Name and Address of Current Registered Agent

MURPHY, BARBARA A  
1015 S. HOWARD AVE  
TAMPA FL 33606

Robert Garofano  
16019 Tampa Palms Blvd  
TAMPA FL 33647

9. Name and Address of New Registered Agent

Name Robert Garofano  
Street Address (P.O. Box Number is Not Acceptable)  
16019 TAMPA Palms Blvd  
Suite, Apt. #, Etc.

City TAMPA State FL Zip Code 33647

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11-14-00

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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Robert Garofano

Date

11-14-00

Daytime Phone #

813-975-

12122

CR2E040 (8/00)



11-14-00

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799-1700

To Whom it may concern,

Our Corporation DID NOT receive any notices AT this address for corporate filings for the year 2000 up to this point.

We would like to request that the late fees be waived & have enclosed a check for \$158.75 which includes a fee for a certificate of status.

Thank you for all considerations:

Art Carofano GM

Ciccio & Tony's RESTAURANT  
New TAMPA Wrapperia, INC.