

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 27 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99000030339

1. Corporation Name

LUIGI & B INC

2. Principal Office Address

6550 GATEWAY AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

34231

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-29-99

5. FEI Number

65-0904547

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2000-2001 UBR

7. Name and Address of Current Registered Agent

Name

Luigi S Rizzo

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

313 GARDINIA RD

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34293

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.

Signature of
Registered Agent

Luigi S Rizzo

Date 4-25-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PRES

Luigi S Rizzo

313 GARDINIA RD

VENICE FL 34293

V PRES

EUGENIO RIZZO

313 GARDINIA RD

VENICE FL 34293

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****300.00 ****300.00

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, that all fees owed by the corporation have been paid and the names of individuals listed on this application are 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

4-25-01

Date

941-927-0944

Daytime Phone #

CR2E081 (9/00)