## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

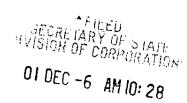
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1. Corporatio Name

FAV'S ITALIAN CUCINA, INC.

Principal Place of Business

Mailing Address



419 12TH STREET WEST  BRADENTON FL 34207  416 BRYN MAWR ISLAND  BRADENTON FL 34207										
		ncorrect in any way, line the	rough incorrect in				4. Date Incorp	TATEME orated or Qualified	- American Chief	
Suite, Apt. #, etc. Suite, Apt. :		Suite, Apt. #,				To Do Business in Florida 06/01/1999  5. FEI Number Applied For				
City & State City &		City & State	Country			65-0922341 Not Applicable  6. CERTIFICATE OF STATUS DESIRED (or a Certificate of Status				
7. Names	and Street Add	dresses of Each Officer and	or Director (Flo	rida nonprof	it corpora	ations must list at lea	<u>L</u>	OF STATOS DESIRED L	for a Certificate of Status	
Title(s)	s) Name of Officers and/or Directors		·· <u>·</u>	Street Address of Each Officer and/or Director				City / State / Zip		
PSTD				416 BR	YN MAW	/R ISLAND		BRADENTON FL 34207		
V	LAMONT, WILSON			416 BRYMAWR ISLAND			BRADENTON FL 34207			
VAS	WILSON, MARIE			416 BRYN MAWR ISLAND			BRADENTON FL 34207			
<b>Ş</b>	S FAVASULI, MARIA			416 BRYN MAWR ISLAND			30	BRADENTON FL 34	64236	
							- M-	****750.0	-01035030 0 ****750.00	
				<u>.                                    </u>			ΨΠ			
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent					
EAVAG	CIBI MICHA	Ė				Name				
FAVASULI, MICHAEL 416 BRYN MAWR ISLAND				Street Address (F	P.O. Box Number is Not Acceptable)					
BRADENTON FL 34207			Suite, Apt. #, Etc.							
				- <del></del>	<u>-</u>	City			State Zip Code	
10. I, being Signature o Registered		agistered agent of the abo	ove named corporate to the corporate to	Qe	QU	th and accept the of	bligations of Section	Date	, 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)(i), F.S. The information indicated

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.