

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 26 PM 12:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000054394

1. Corporation Name

BERTUNA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

9020 CEDAR CREEK DRIVE
BONITA SPRINGS FL 341359020 CEDAR CREEK DRIVE
BONITA SPRINGS FL 34135

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3622670

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

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
PST	BERTUNA, PATRIZO	9020 CEDAR CREEK DRIVE	BONITA SPRINGS FL 34135
V	BERTUNA, PATRICIA	9020 CEDAR CREEK DRIVE	BONITA SPRINGS FL 34135

05-31-00 90048 033 \$550.00

8. Name and Address of Current Registered Agent

RALPH, GARY A.
2652 AIRPORT ROAD SOUTH
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name: PATRICIA BERTUNA
Street: 9020 Cedar Creek Drive
Suite, Apt. #, etc.:
City: BONITA SPRINGS State: FL Zip Code: 34135

CR2040 (8/00)

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 11-21-00

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 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 #

P99000054394

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BERTUNA ENTERPRISES, INC.
D/b/a/ LUNA ROSSA RESTAURANT
9020 CEDAR CREEK DRIVE
BONITA SPRINGS, FL 34135

November 27, 2000
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We received this notice of dissolution, and found it was because we had neglected to provide you with our federal employer's identification number. The number is:

59-3622670

We did not respond to the notice you sent in June because we did not receive it. We paid the amount due in May 2000, and thought we were in compliance with the Department of State.

Please advise if further information is necessary.

Sincerely,



Patricia Bertuna