

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000061833

1. Corporation Name

SAPORI DI ROMA INC.

Principal Place of Business

Mailing Address

6984 COLLINS AV
MIAMI BEACH FL 33141-3206

6984 COLLINS AVE
MIAMI BEACH FL 33141

33141-3206

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

33141-3206

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1999

5. FEI Number

65-0930072

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
CEO	HALFON, MICHELLE	6984 COLLINS AVE	MIAMI BEACH FL 33141

100004706061-0
-12/05/01--01053--019
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALFON, MICHELLE
12 KEY WEST DR
LEESBURG FL 34788

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

Michelle Halfon
REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE:

Michelle Halfon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-01

m

292



Saponi di Roma, Inc.
6984 Collins Av.
Miami Beach, FL 33141-3206
(305) 868-7001

October 17, 2001

Reinstatements

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Reinstatement of Saponi di Roma, Inc.— Document P99000061833

To Whom It May Concern:

I disagree with the administrative dissolution of my corporation.

The mailing address listed on the Application for Reinstatement is wrong. The mailing address, the street address and the address of the only officer are all the same; however, a clerical error shows the zip code of the mailing address as "33101" rather than "33141".

I spoke to someone answering the "Reinstatements" telephone in Tallahassee. He suggested a mailing a letter explaining that I did not receive the 2001 Uniform Business Report because the mailing address had the wrong zip code (last year the mailing address was correct and the mailing address has not changed since incorporation) along with a completed Application for Reinstatement and a \$150.00 check payable to the Florida Department of State.

I ask the corporation be reinstated for the original fee of \$150.00 without the \$600.00 reinstatement fee.

Michelle Halfon, CEO
Saponi di Roma, Inc.

Enc: application for reinstatement and \$150.00 check