

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061833

1. Corporation Name

SAPORI DI ROMA INC.

Principal Place of Business

6984 COLLINS AV  
MIAMI BEACH FL 33141-3206

Mailing Address

6984 COLLINS AVE  
MIAMI BEACH FL 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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

400008638254  
10/28/02 01133 009 \*\*150.00

8. Name and Address of Current Registered Agent

HALFON, MICHELLE  
42 KEY WEST DR  
LEESBURG FL 34788

9. Name and Address of New Registered Agent

Name

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

6984 Collins Av.

Suite, Apt. #, Etc.

City

Miami Beach

State  
FL

Zip Code

33141

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-23-02

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02

(800)203-2347

Date

Daytime Phone #

CR2040 (8/02)

**Sapori di Roma, Inc.**  
**6984 Collins Av.**  
**Miami Beach, FL 33141-3206**

October 25, 2002

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Subject: Reinstatement of Sapori di Roma, Inc. – Document **P99000061833**

To Whom It May Concern:

We ask that the reinstatement fee of \$600.00 be waived because we did not receive our 2002 Uniform Business Report to our new mailing address.

We filed a mail forwarding order with the United States Postal Service in November of 2001 because we our mail was often lost by the local mail carrier or delivered to the wrong address.

We have changed our mailing address on the Application for Reinstatement to **1940 Harrison ST., Ste. 201-B, Hollywood, FL 33020-5072.**

We have enclosed a \$150.00 check for the 2002 Uniform Business Report.

Sincerely,

Michelle Halfon, CEO

Enc.: check and reinstatement application