

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000064711

1. Corporation Name

NEW YORK PIZZA & PASTA, INC.

Principal Place of Business

5050 9TH STREET N., #B
NAPLES FL 34103

Mailing Address

5050 9TH STREET N., #B
NAPLES FL 34103

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

11140 Tamiami Trail N.

Suite, Apt. #, etc.

Naples FL.

City & State

34110

Zip

Country

3. New Mailing Office Address, If Applicable

11140 Tamiami Trail N.

Suite, Apt. #, etc.

Naples FL.

City & State

34110

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1999

5. FEI Number

59-3587174

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PALUMBO, MARK	5050 9TH STREET N., #B	NAPLES FL 34103
D	GAVASENO, MIKE	5050 9TH STREET N., #B	NAPLES FL 34103

600023866096
10/17/03--01002--011 **750.00

8. Name and Address of Current Registered Agent

~~GAVASENO, MIKE~~

~~5050 9TH STREET N., #B~~

~~NAPLES FL 34103~~

9. Name and Address of New Registered Agent

Name

Mark Palumbo

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

11140 Tamiami Trail N.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34110

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

Mark Palumbo

REGISTERED AGENT MUST SIGN

Date 10/12/03

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:

Mark Palumbo Mark Palumbo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-513-1212

CR2E040 (7/03)