

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000072593			
1. Corporation Name COSIMO'S BRICK OVEN OF TALLAHASSEE, INC.			
Principal Place of Business 1052 TALLAHASSEE MALL TALLAHASSEE FL 32303		Mailing Address 1089 LITTLE BRITIAN RD. NEW WINDSOR NY 12553	
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 08/13/1999		5. FEI Number 06-1506627 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	DIBRIZZI, COSIMO	450 RIVER ROAD	NEWBURGH NY 12550
T	DIBRIZZI, ANGELA	450 RIVER ROAD	NEWBURGH NY 12550
PD	CITERA, CARLO	217 BEECHWOOD AVENUE	POUGHKEEPSIE NY 12601
100004679621--4 11/14/01 01095-013 ****150.00 ****150.00			
8. Name and Address of Current Registered Agent COSIMO'S BRICK OVEN OF SARASOTA, INC. 3501 S. TAMiami TRAIL, UNIT 201 SARASOTA FL 34239		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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		Date	
SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN			
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 REQUIRED		Date 10-23-01 845 504-5571	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 AM 10:47



CR2E040 (8/01)

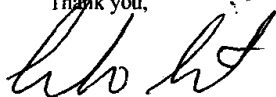
Cosimo's Management
1089 Little Britain Rd
New Windsor, NY 12553

October 22, 2001

To whom it may concern,

Enclosed you will find a \$150.00 check for the Department of state. I did not receive a form for the
~~year-2001.~~

Thank you,

A handwritten signature in cursive script, appearing to read "Lb HT", is written below the typed text "Thank you,".