

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 18 PM 12:01

DOCUMENT # P99000089165

1. Corporation Name

DA GIOVANNI'S PIZZERIA & RESTAURANT, INC.

Principal Place of Business

Mailing Address

7132 NOB HILL RD  
TAMARAC FL 33321

382 S.W. 32ND TERRACE  
DEERFIELD BEACH FL 33442



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

10/08/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0973266

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
D	CALACIURA, GAETANO	382 S.W. 32ND TERRACE	DEERFIELD BEACH FL 33442
			600004659636--1 -10/30/01--01077--020 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALACIURA, GAETANO  
382 S.W. 32ND TERRACE  
DEERFIELD BEACH FL 33442

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

*Gaetano Calaciura*

REGISTERED AGENT MUST SIGN

Date

10/16/01

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:

*Gaetano Calaciura*  
GAETANO CALACIURA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01 (954) 720-1440

Date

Daytime Phone #

CR2E040 (8/01)

October 15, 2001

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

RE: Da Giovanni's Pizzeria & Restaurant, Inc.  
382 SW 32 Terrace  
Deerfield Beach, FL 33442  
FID# 65-0973266

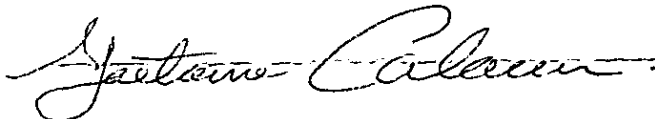
To Whom It May Concern:

We are writing this letter in response to the notice of Dissolution received October 12, 2001. Please know that we never received the first or second notice for the annual report. Enclosed, is the notice of reinstatement as well as a payment of \$150.00, the amount due for the annual report. We, respectfully, ask that you accept this in order to reinstate our corporation.

Thank you in advance for your cooperation.

Sincerely,

Gaetano Calaciura

A handwritten signature in cursive script that reads "Gaetano Calaciura". The signature is written in black ink and is positioned below the typed name.