

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

00 OCT 26 PM 2:24

DOCUMENT # P99000095045

1. Corporation Name

BOLERO BUILDING 18 TERRASSA CORP.

Principal Place of Business

Mailing Address

C/O MARSALA PIZZA
5628 STRAND BLVD. SUITE 4
NAPLES FL 34110

C/O MARSALA PIZZA
5628 STRAND BLVD. SUITE 4
NAPLES FL 34110

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1999

5. FEI Number

58-2520218

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
Pres.	Christopher Marsala	161 BOFF AVE STATEN ISLAND NY 10309	
V.P.	Mark Piazza	724 CLAWSON AVE	STATEN ISLAND NY 10306
			300003460083-0 -11/13/00--01005--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARSALA, CHRISTOPHER
5628 STRAND BLVD, SUITE 4
NAPLES FL 34110

Name

Christopher Marsala

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

5628 STRAND BLVD. Suite #4

Suite, Apt. #, Etc.

1

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.

Signature of
Registered Agent

Christopher Marsala
REGISTERED AGENT MUST SIGN

Date 10/23/00

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: *Christopher Marsala*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Marsala, President

10/23/00 (718) 987-0001
Date Daytime Phone #