

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 2008 JAN 30 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000096475

1. Corporation Name

Presto Italian Restaurant Inc.

900116458859
01/30/08--01033--021 **750.00

2. Principal Office Address - No P.O. Box #

7921 SW 40 ST

3. Mailing Office Address

1744 NE 176 ST

Suite, Apt. #, etc.

52

Suite, Apt. #, etc.

City & State

Miami FL

City & State

North Miami Beach FL

Zip

33155

Country

USA

Zip

33162

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1999

5. FEI Number

650959802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Evelin Gainza

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

1774 NE 176 ST

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Evelin Gainza

REGISTERED AGENT MUST SIGN

Date 01/29/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Evelin Gainza	1774 NE 176 ST	Miami, FL 33162

REINSTATEMENT
04-08

ASB

10. 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 contained in Chapter 119, 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:

Evelin Gainza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/08

Date

Daytime Phone #