

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000105087

1. Corporation Name

Claduto Restaurant, Inc.

2. Principal Office Address

11224 Tamiami Trail N

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34110

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/1/99

5. FEI Number

59-3614824

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

John Paulich III

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

801 Anchor Rode Drive

Suite, Apt. #, Etc.

Suite 203

City

Naples

State

FL

Zip Code

34103

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

REGISTERED AGENT MUST SIGN

Date 6/24/03

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
PSTD	Claude A. Scaduto	20801 Clarkton Dr. #18483 27091 IMPERIAL ST	Bonita Springs, FL 34135

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 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:

Claude A. Scaduto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-597-8867

Date

Atty 239-261-0544

CR20081 (10/02)

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