

APPLICATION FOR REINSTATEMENT FOR *Ab. 97*

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
DO NOT WRITE IN THIS SPACE

1997 FEB -5 AM 9: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # S 32806

DI GIOVANNI FOOD SERVICE, INC  
4773 Hunters Run  
Sarasota, Florida 34241

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 2/18/91

4. FEI Number 65-0248471

FEI Number Applied For  
 FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	Frank DiGiovanni	4773 Hunters Run	Sarasota, Florida 34241
S/D	Elissa DiGiovanni	4773 Hunters Run	Sarasota, Florida 34241

200002090812--5  
-02/06/97--01130--012  
\*\*\*\*923.751\*\*\*\*923.75

**REINSTATEMENT**

This corporation has liability for intangible tax under section 199.032, Florida Statutes.  Yes  No  
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

FL.

Zip Code

6. Name and Address of Current Registered Agent

KURT F LEWIS  
6624 Gateway Avenue  
Sarasota, Florida 34231

8. 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

REGISTERED AGENT MUST SIGN

Date 02/04/97

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date 020497

Phone # 941-921-5595

Typed or printed name of signing officer or director Frank DiGiovanni

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$8.75 A  
corp  
Certificate