

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S59972**

1. Corporation Name

AMALFI'S ITALIAN RESTAURANT INC.

Principal Place of Business

Mailing Address

6149 WESTWOOD BLVD.
ORLANDO FL 32821-8083

6149 WESTWOOD BLVD.
ORLANDO FL 32821-8083



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3068398

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NAVARRA, ANTONIO	10000 N FULTON CT.	ORLANDO FL 32836
S	NAVARRA, JOSEPHINE	10000 N FULTON CT.	ORLANDO FL 32836

600023856686
10/16/03 01054 012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NAVARRA, ANTONIO
6149 WESTWOOD BLVD.
ORLANDO FL 32819

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. or 617.0505, F.S.

Signature of
Registered Agent

Antonio Navarra
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

Antonio Navarra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03
Date

407-354-0770
Daytime Phone #

CR2E040 (7/03)

**AMAILFI'S ITALIAN RESTAURANT, INC.
6149 WESTWOOD BLVD.
ORLANDO FL 32821-8083
407-354-0770**

October 14, 2003

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


**RE: Amalfi's Italian Restaurant, Inc.
Document Number S59972**

Dear Madam or Sir,

I received a letter indicating that my corporation had been dissolved for non-payment of annual fees. I never received the report in the mail. My accountant contacted one of your representatives and I was advised to write a letter explaining what happened. Please find enclosed a check for \$150 to pay for the Annual Report Fee. I ask you to waive the penalties for reinstatement because I did not receive notice of fees due and did not realize I needed to pay annual fees.

Thank you for your consideration.

Sincerely,


Antonio Navarra
President