

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # SU1731

1. Corporation Name

THE RAVIOLI FACTORY, INC.

Principal Place of Business

Mailing Address

1899/5 NORTH
CONGRESS AVE
BOYNTON BCH. FL 33426

195 GRAND ST
NEW YORK, N.Y.
10013

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

7/19/91

5. FEI Number

65-0303 0008

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director	Thomas Ranese	195 Grand St	NEW YORK, NY 10013
Director	VITO SALERNO	195 Grand St	NEW YORK, NY 10013
Director	Alfred Lepore	195 Grand St	NEW YORK, NY 10013
Director	Annamaria Lepore	195 Grand St	NEW YORK, NY 10013

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHELDON ENGELHARD, ESQ
5355 TOWN CENTER RD
SUITE 801
BOCA RATON, FL 33486

Name

800002420518-1

--02/03/98--01097--015

Street Address (P.O. Box Number is Not Accepted) ***908.75 ***908.75

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.

Signature of
Registered Agent

Sheldon Engelhard
REGISTERED AGENT MUST SIGN

Date 1/26/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annamaria Lepore

Date 1/22/98

(212) 226-6150
Daytime Phone #

FILED

98 JAN 29 AM 7:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 91-98

CR2040 (12/96)