

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V56779**

1. Corporation Name

**CUCINA NOVELLA, INC.**

Principal Place of Business

Mailing Address

3861 GULF BLVD.  
ST PETE BEACH FL 33706  
US

3861 GULF BLVD.  
ST PETE BEACH FL 33706  
US

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

08/07/1992

5. FEI Number

59-3139373

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 3	City / State / Zip 4
T	CORAZZA, PAUL	3861 GULF BLVD.	ST PETERSBURG BCH FL
DSP	CORAZZA, KELLY	3861 GULF BLVD	ST PETERSBURG BCH FL

700003447537-9  
-11/01/00--01100--005  
\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT**

2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORAZZA, PAUL  
67 SUNSET DRIVE SOUTH  
ST PETERSBURG FL 33707

Name

CORAZZA, Paul

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

670 sunset drive south

Suite, Apt. #, Etc.

City

St. Petersburg FL

State

FL

Zip Code

33707

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

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

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:

**SIGNATURE REQUIRED**

KELLY CORAZZA

10-12-00

Date

Daytime Phone #

(727)

343-4017