

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAR 29 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 523659

1. Corporation Name

ItaCraft Imports, Inc.

2. Principal Office Address

2926 N. Orange Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804

Country

USA

3. Mailing Office Address

2926 N. Orange Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804

Country

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

01/12/1977

5. FEI Number

59-1715798

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

Joshua W. Harmening

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

2265 Lee Road

Suite, Apt. #, Etc.

117

City

Winter Park

State

FL

Zip Code

32789

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

Joshua W. Harmening

REGISTERED AGENT MUST SIGN

Date

3/26/02

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
D/P	Peter E. Cornacchio	299 Brewer Ave.	Winter Park, FL 32789
S	Leonilde Cornacchio	299 Brewer Ave.	Winter Park, FL 32789

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:

Peter Cornacchio, PETER CORNACCHIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/02 407-896-1699

Daytime Phone #

CR2E081 (9/01)

2265 Lee Road, Suite 117
Winter Park, FL 32789
March 26, 2002

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

Re: Reinstatement of ItalCraft Imports, Inc.

Dear Sir or Madam:

ItalCraft Imports, Inc. requests the reinstatement of the corporation to an active status. The corporation was involuntary dissolved 11/04/1988 due to the non-receipt of the annual business report. The corporation relocated its place of business in January of the year 1987. The current address is now as follows:

2926 N. Orange Ave.
Orlando, FL 32804

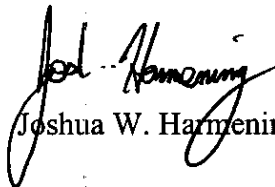
The federal identification number of the corporation is now as follows:

59-1715798

Included is the 'Corporation Reinstatement' form with a check in the amount of \$1,932.50.

Please waive the \$600.00 reinstatement fee for the reason of not having ever received an Annual Business Report for the renewal of the corporations' status.

Sincerely,


Joshua W. Harmening