

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 # 739849

1. Corporation Name

THE ITALIAN AMERICAN CLUB OF TAMARAC, INC.

Principal Place of Business

7166 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321

Mailing Address

7166 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1977

5. FEI Number

59-1981041

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
T	GRAYSON, DELLA	7103 N.W. 70TH AVENUE	TAMARAC FL
S	PIZZARELLO, SAM	7208 PRIMROSE LANE	TAMARAC FL
S	LUPU, ANGELO	7215 NW 77TH ST	TAMARAC FL
D	DENNINGER, SANDRA	7104 N.W. 69TH AVENUE	TAMARAC FL
D	LAWLER, OLGA	7000 N.W. 99TH AVENUE	TAMARAC FL
D	PENDOLINA, JOHN	8103 N.W. 104TH AVENUE	TAMARAC FL
D	PENDOLINO, JOHN	6311 NW 90TH AVE.	TAMARAC FL
D	ACCOSTA, ANNA		
P	MARINO, PHIL	5807 N.W. 82ND AVENUE	TAMARAC FL

8. Name and Address of Current Registered Agent

CIRMINIELLO, WILLIAM
8105 NW 100 TERRACE
TAMARAC FL 33319

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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 *William Cirminiello*
REGISTERED AGENT MUST SIGN

Date

11/20/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

11/20/97

Date

Daytime Phone #