

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 # 848221

1. Corporation Name

THE EDUCATIONAL INSTITUTE OF THE AMERICAN CULINARY FEDERATION, INC.

Principal Place of Business

Mailing Address

10 SAN BARTOLLA ST SR 312
PO BOX 3466
ST AUGUSTINE FL 32086-5766

10 SAN BARTOLLA ST SR 312
PO BOX 3466
ST AUGUSTINE FL 32086-5766

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

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
PDD	BRAUN, JACK CEC AAC	13969 VALLEY VIEW DR.	MCKEESPORT PA
TD	FRIEDENREICH, KLAUS	1799 SE 17TH STREET	FORT LAUDERDALE FL
EVPD	RICHETTI, DONALD N	10 SAN BARTOLA DR.	ST. AUGUSTINE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHETTI, DONALD N
10 SAN BARTOLA DR.
ST. AUGUSTINE FL 32085

Name **TERRI PITTARO**

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

10 SAN BARTOLA DRIVE

Suite, Apt. #, Etc.

City **ST. AUGUSTINE**

State **FL**

Zip Code **32085**

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

TERRI PITTARO

REGISTERED AGENT MUST SIGN

Date

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:

TERRI PITTARO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

027 DEC -1 AM 9:16

SECRETARY OF STATE



REINSTATEMENT

191

SCC 12-1-97

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1981

5. FEI Number

38-2172192

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CP2ED040 (8/97)