

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

10 APR 27 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400174684774  
04/08/10--01035--010 \*\*750.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **432804**

1. Corporation Name

**ITANI ENTERPRISES, INC**

2. Principal Office Address - No P.O. Box #

**122 ST JOHN'S BLUFF RD**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JAX. FL**

City & State

Zip

Country

**32225**

**DUAL**

Zip

Country

7. Name and Address of Current Registered Agent

Name

**Rafic Y Itani**

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

**124 ST JOHN BLUFF DR**

Suite, Apt. #, Etc.

City

**JAX.**

State

**FL**

Zip Code

**32225**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **4/27/10**

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
Pres	Rafic Y Itani	124 St John's Bluff Dr	JAX. FL 32225

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/27/10**

Daytime Phone #

**REINSTATEMENT 91-10**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-2500716**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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04/27/10--01021--017 \*\*2985.00

*[Signature]*