

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
09 JAN 27 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000118401

1. Limited Liability Company's Name

ITALIAN AMERICAN HOLDINGS, LLC

100141892771
01/23/09--01050--010 **516.25

CR2E041 (10/08)

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

199 2ND AVE NORTH

Suite, Apt. #, etc.

GRATZZI

City & State

SAINT PETERSBURG, FL

Zip

33701

Country

USA

3. Mailing Office Address

199 2ND AVE NORTH

Suite, Apt. #, etc.

GRATZZI

City & State

SAINT PETERSBURG, FL

Zip

33701

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

12/12/2006

6. FEI Number

20-8162877

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DOMENIC D'ANGELO

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

199 2ND AVE NORTH

Suite, Apt. #, Etc.

GRATZZI

City

SAINT PETERSBURG

State

FL

Zip Code

33701

☐ A \$100 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/15/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MAN	DOMINIC D'Angelo	1710 SPRING CREEK DRIVE	SARASOTA, FL 34239
	S. HAWKES		
	JAN 29 2009		
	EXAMINER		

REINSTATEMENT
2007-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date

1/15/09

Daytime Phone #

727-822-7769

Typed or printed name of signing Managing Member/Manager

DOMENIC D'ANGELO