

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JAN 22 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13 000094611

1. Corporation Name

Antonia De Luca Enterprises LLC
Antonia's Gelato & Caffè
~~101 E Street~~

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

101 E Street
St Augustine, FL 32080
Suite, Apt. #, etc.

3. Mailing Office Address

10218 Southern Glen Ct
Jax, FL
Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

St Augustine, FL
Zip 32080 Country US

City & State

Jax, FL
Zip 32256 Country US

4. Date Incorporated or Qualified
To Do Business in Florida

7-22-2013

5. FEI Number

46-3236703

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

Name and Address of Current Registered Agent

Name: Antonella Parker
Street Address (P.O. Box Number is Not Acceptable):
10218 Southern Glen Ct
Suite, Apt. #, etc.

City

Jax

State

FL

Zip Code

32256

800268009308

01/21/15--01035--002 **138.75

800268009308

01/05/15--01028--010 **238.75

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

Antonella Parker
REGISTERED AGENT MUST SIGN

Date 12/31/2014

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	Antonella Parker	10218 Southern Glen Ct	Jax, FL 32256

10. E-mail Address:

antonella@bellsouth.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Antonella Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/2014

Date

Daytime Phone #