

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 MAR -7 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 96000000335

1. Corporation Name
Comites of Italy Inc.

Principal Place of Business
7275 S.W. 148th Street
Miami, FL 33158

Mailing Address
Same

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		4. Date Incorporated or Qualified To Do Business in Florida 1/19/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	DiLeo, Gaetano	7275 SW 148th Street	Miami, FL 33158
VP/D	Spina, Joseph P.	216 SE 6th Street	Dania, FL 33004
S/D	Compello, Valeria	10205 SW 115th Court	Miami, FL 33176
T/D	Sinceri, Carlo	8530 NE 10th Avenue	Miami, FL 33138
D	Canzian, Alberto	400 Almalli Avenue	Coral Gables, FL 33146

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Spina, Joseph P.
Street Address (P.O. Box Number is Not Accepted)
216 SE 6th Street
Suite, Apt. #, Etc.
City
Dania

000002110250--4
03/11/97-01114-007
*****26.25 *****26.25
000002110250--4
03/11/97-01114-008
*****218.75 *****218.75

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

Joseph P. Spina
REGISTERED AGENT MUST SIGN

000002110250--4
Date 03/11/97-01114-009
*****61.25 *****61.25

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Joseph P. Spina* Joseph P. Spina, VP/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97 (954) 920-2581
Date Daytime Phone #

CR2E040 (12/96)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) Comites of Italy Inc.																
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name														
4a Mailing address (street address) (room, apt., or suite no.) 7275 S.W. 148th Street		5a Business address (if different from address on lines 4a and 4b)														
4b City, state, and ZIP code Miami, FL 33158		5b City, state, and ZIP code														
6 County and state where principal business is located Dade County, FL																
7 Name of principal officer, general partner, grantor, owner, or trustor - SSN required (See instructions.) Gaetano DiLeo, President																
8a Type of entity (Check only one box.) (See instructions.) <table border="0"><tr><td><input type="checkbox"/> Sole Proprietor (SSN)</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator - SSN</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> Other corporation (specify) ►</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ► Charities</td><td><input type="checkbox"/> Federal Government/military</td></tr><tr><td><input type="checkbox"/> Other (specify) ►</td><td><input type="checkbox"/> Farmers' cooperative</td></tr><tr><td></td><td><input type="checkbox"/> Church or church-controlled organization</td></tr></table>			<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator - SSN	<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►	<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust	<input type="checkbox"/> Other nonprofit organization (specify) ► Charities	<input type="checkbox"/> Federal Government/military	<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Farmers' cooperative		<input type="checkbox"/> Church or church-controlled organization
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	<input type="checkbox"/> Church or church-controlled organization															
8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida		Foreign country														
9 Reason for applying (Check only one box.) <table border="0"><tr><td><input checked="" type="checkbox"/> Started new business (specify) ► 1/19/96</td><td><input type="checkbox"/> Banking purpose (specify) ►</td></tr><tr><td><input type="checkbox"/> Hired employees</td><td><input type="checkbox"/> Changed type of organization (specify) ►</td></tr><tr><td><input type="checkbox"/> Created a pension plan (specify type) ►</td><td><input type="checkbox"/> Purchased going business</td></tr><tr><td></td><td><input type="checkbox"/> Created a trust (specify) ►</td></tr><tr><td></td><td><input type="checkbox"/> Other (specify) ►</td></tr></table>			<input checked="" type="checkbox"/> Started new business (specify) ► 1/19/96	<input type="checkbox"/> Banking purpose (specify) ►	<input type="checkbox"/> Hired employees	<input type="checkbox"/> Changed type of organization (specify) ►	<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business		<input type="checkbox"/> Created a trust (specify) ►		<input type="checkbox"/> Other (specify) ►				
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	<input type="checkbox"/> Other (specify) ►															
10 Date business started or acquired (Mo., day, year) (See instructions.) Incorporated 1/19/96		11 Closing month of accounting year (See instructions.) 12														
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) No Employees																
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)		<table border="1"><tr><td>Nonagricultural</td><td>Agricultural</td><td>Household</td></tr><tr><td>0</td><td>0</td><td>0</td></tr></table>	Nonagricultural	Agricultural	Household	0	0	0								
Nonagricultural	Agricultural	Household														
0	0	0														
14 Principal activity (See instructions.) ► Cultural Activities																
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►																
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►																
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.																
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. <table border="0"><tr><td>Legal name ►</td><td>Trade name ►</td></tr></table>			Legal name ►	Trade name ►												
Legal name ►	Trade name ►															

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and State where filed		Previous EIN
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Business telephone number (include area code) (954) 920-2581 Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► **Joseph P. Spina, VP/D**

Signature ► *Joseph P. Spina* Date ► **3/5/97**

Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying
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