

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 AUG -9 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001279

1. Corporation Name

AMERICAN ITALIAN CLUB OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

c/o GILBERT MARTIN, PRES.
5399 MENDOZA STREET
WEST PALM BEACH, FL 33415

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/1997

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
P	MARTIN, GILBERT	5399 MENDOZA STREET	W.P.B., FL 33415
VP	CHONKA, EDWARD	6238 RED CEDAR CIRCLE	GREENACRES, FL 33463
S	GELO, ROSE	1017 N. "L" St.	LAKE WORTH, FL 33460
T	DE SANCTIS, GRACE	3083 CASA RIO CT.	P.B.G., FL 33418
D	MONTALBANO, JOE	2569 W. DUDLEY DRIVE "B"	W.P.B., FL 33415
D	CARAVONE, FRED	331 SOUTH HAMPTON "B"	W.P.B., FL 33417

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN P. MARINELLI, ESQ.
1615 FORUM PLACE, STE. 500-B
WEST PALM BEACH, FL 33401

Name

Street Address (P.O. Box Number)

Suite, Apt. #, Etc.

City

State

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

98.99

CH2E081 (12/98)