

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000039287

1. Entity Name  
CARLUCCI'S ENTERTAINMENT CONCEPTS INC.



SEC. OF STATE  
DIVISION OF CORPORATIONS

06 OCT 31 AM 9:58

Principal Place of Business  
5963 W HILLSBORO BLVD  
PARKLAND, FL 33067

Mailing Address  
7682 WILES ROAD  
PARKLAND, FL 33067

REINSTATEMENT 06

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10252006

REIN-P

CR2E098 (11/05)

City & State

City & State

4. FEI Number

65-1038090

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

TROIA, AUDREY M  
5963 W. HILLSBORO BLVD.  
PARKLAND, FL 33067

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME TROIA, ROSARIO  
STREET ADDRESS 8753 WELLINGTON VIEW DRIVE  
CITY-ST-ZIP WELLINGTON, FL 33411

☐ Delete

TITLE SD  
NAME TROIA, AUDREY M  
STREET ADDRESS 8753 WELLINGTON VIEW DRIVE  
CITY-ST-ZIP WELLINGTON, FL 33411

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

800081351728  
10/31/06--01013--006 \*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/06 851/346-7775