

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FORFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN -7 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000102023

1. Corporation Name

ITALIAN KITCHEN CAFE, INC.

Principal Place of Business

6915 US HWY 301
Riverview, FL 33569

Mailing Address

6915 US HWY ~~301~~ 301
Riverview, FL 33569

If change of addresses are indicated in any way, line through incorrect information and enter correction below.

2. Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1315 Riverfield Court

City & State

City & State

Valrico, FL Florida

Zip

Country

Zip

33594

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2000

5. FEI Number

59-3678488

Applied Fee

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P, D	Frank Sirchia	1315 Riverfield Court	Valrico, FL 33594
S, T, D	Rosemary Sirchia	1315 Riverfield Court	Valrico, FL 33594

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 12/10/01

11. This corporation owes or has paid 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 607.0101, and the corporation owes no taxes 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

Rosemary Sirchia, Secretary

12/10/01

813-657-4454

2012

October 14, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Division of Corporations:

We did not receive a Uniform Business Report for the year 2001. Our understanding is that we should have received one earlier in the year for \$150.00. Being that we never received it we are requesting that you please send us one and abate any penalties and accept the \$150.00 filing fee enclosed.

Thank you,

Larry C. Schaller CPA