

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 28 2000

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000113699**

1. Corporation Name

Italian Imports, Inc.

2. Principal Office Address

2400 E. Las Olas Blvd.

Suite, Apt. #, etc.

405

3. Mailing Office Address

2400 E. Las Olas Blvd.

Suite, Apt. #, etc.

405

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2000

5. FEI Number

222887524

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephen V. Hoffman, Esq.

50008294445

01/03/07--01008--005 **250.00

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

1500 N. Federal Highway

Suite, Apt. #, Etc.

200

City

Ft. Lauderdale

State
FL

Zip Code

33304

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

Date

12-22-06

REGISTERED AGENT MUST SIGN

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
P, D	Zachary Finn	2400 E. Las Olas Blvd. #162	Ft. Land., FL 33301
S, D	Joseph Mirabile	2400 E. Las Olas Blvd. #415	Ft. Land., FL 33301

10. 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 contained in Chapter 119, 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

12/22/06

Daytime Phone #