

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052274

1. Corporation Name

LA DOLCE VITA CAFE INC.

Principal Place of Business

7269 DAVIT CIRCLE
LAKE WORTH FL 33467

Mailing Address

7269 DAVIT CIRCLE
LAKE WORTH FL 33467

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

2. New Principal Office Address, If Applicable

7028 CHARLESTON SHORE BLVD

Suite, Apt. #, etc.

LAKE WORTH

City & State

FLORIDA

Zip

33467

Country

FLORIDA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/2001

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 3	City / State / Zip 4
D	PARISI, CARMELO	7269 DAVIT CIRCLE	LAKE WORTH FL 33467

800000023488
11/15/02--01062--001 **150.00

8. Name and Address of Current Registered Agent

PARISI, CARMELO
7269 DAVIT CIRCLE
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-12-02

CR2040 (8/02)

LA DOLCE VITA
7028 CHARLESTON SHORE BLVD
LAKE WORTH FL 33467

TEL 561-432-0018.

To Whom it may Concern,

I am enclosing \$150.00
check - Because I did not
receive the first notice.
Notice was sent to the
wrong address / The address
of the corporation is.

LA DOLCE VITA
7028 CHARLESTON SHORE BLVD
LAKE WORTH FL 33467

TEL 561-432-0018.

This check is please to
re-instate my corporation

OWNER - CARMELO PARISI

Carmelo Parisi

Thank you