

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 24 PM 1:49

DOCUMENT # P03000022080

1. Entity Name
FRANKIE'S CITY FOODS, INC.



Principal Place of Business
77 NE 100 STREET
MIAMI SHORES, FL 33138

Mailing Address
77 NE 100 STREET
MIAMI SHORES, FL 33138

REINSTATEMENT 05



2. Principal Place of Business

8601 BISCAYNE BLVD

3. Mailing Address

7899 NE BAYSHORE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

442

10032005 REIN-P CR2E098 (6/04)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

25-1903893

Applied For

Not Applicable

Zip

33138

Country

FL

Zip

33138

Country

DAOE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUPA, FRANCIS
77 NE 100 STREET
MIAMI SHORES, FL 33138

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

10/18/05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, 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 CRUPI, FRANCIS
STREET ADDRESS 77 NE 100 STREET
CITY-ST-ZIP MIAMI SHORES, FL 33138 ☐ Delete

TITLE VD
NAME MORRIS, PRISCILLA
STREET ADDRESS 77 NE 100 STREET
CITY-ST-ZIP MIAMI SHORES, FL 33138 ☐ Delete

TITLE VD
NAME CRUPI, MARIE D
STREET ADDRESS 340 GIRALDA AVE., #814
CITY-ST-ZIP CORAL GABLES, FL 33134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
700060896877
10/24/05--01057--012 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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

FRANCIS CRUPI

Date

Daytime Phone #

10/18/05

305-762-
5332