

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 FEB 15 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000080827**

1. Corporation Name

FOUR BROS ITALIAN KITCHEN INC

2. Principal Office Address - No P.O. Box #

1311 FAIRGREEN RD

Suite, Apt. #, etc.

3. Mailing Office Address

1311 FAIRGREEN RD

Suite, Apt. #, etc.

City & State

W PALM BCH FL

City & State

W PALM BCH FL

Zip

33417

Country

PALM BCH

Zip

33417

Country

PALM BCH

7. Name and Address of Current Registered Agent

Name

PAUL ALFEO

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

1311 FAIRGREEN RD

Suite, Apt. #, Etc.

City

W PALM BEACH

State

FL

Zip Code

33417

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/06

5. FEI Number

57-1180464

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

200282196712
02/15/16--01014--007 **2250.00

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

X Paul Alfio

Date

2/5/16

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	PAUL ALFEO	1311 FAIRGREEN RD	W PALM BCH FL 33417

10. E-mail Address: **PAULALFEO@YAHOO.COM**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

X Paul Alfio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/09/16

Daytime Phone #

RC 2/16/16