

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000113291

1. Entity Name  
IL MOBILE KITCHENS, INC.



FILED

08 SEP 10 PM 2:42

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1832 SALERNO CIRCLE  
WESTON, FL 33327 US

Mailing Address  
1832 SALERNO CIRCLE  
WESTON, FL 33327 US

2. Principal Place of Business - No P.O. Box #  
350 Somerset Way  
Suite, Apt. #, etc.

3. Mailing Address  
350 Somerset Way  
Suite, Apt. #, etc.

City & State  
Weston, FL

City & State  
Weston, FL

Zip  
33326

Country

Zip  
33326

Country



08072008 REIN-P CR2E098 (1/07)

4. FEI Number  
20-3307652

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
COLANGELO, GIUSEPPE  
1832 SALERNO CIRCLE  
WESTON, FL 33327

7. Name and Address of New Registered Agent  
Name  
Giuseppe Colangelo  
Street Address (P.O. Box Number is Not Acceptable)  
350 Somerset Way  
City  
Weston FL Zip Code  
33326

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 DATE 8/11/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D COLANGELO, GIUSEPPE 1832 SALERNO CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 Somerset Way Weston, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARTINEZ, NATHALIA 168 AZURE LN WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500134467655 09/16/08--01021--011 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500134467655 08/14/08--01038--013 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 07-08 KS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DATE 8/11/08 DAYTIME PHONE 754-4225893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR