


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000163432		
1. Entity Name CARMELA ITALIAN MARKET INC.		

Principal Place of Business 2124 TIGRIS DR. WEST PALM BEACH, FL 33411	Mailing Address 2124 TIGRIS DR. WEST PALM BEACH, FL 33411
---	---

2. Principal Place of Business - No P.O. Box # 4619 OKEECHOBEE BLVD	3. Mailing Address 4619 OKEECHOBEE BLVD.
Suite, Apt. #, etc. #104	Suite, Apt. #, etc. #104

City & State WEST PALM BCH FL	City & State WEST PALM BCH FL
Zip 33417	Country USA
Zip 33417	Country USA

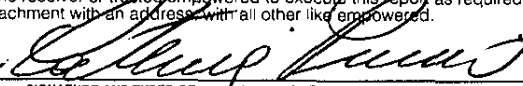
6. Name and Address of Current Registered Agent	
PUCCIO, CATERINA 2124 TIGRIS DR. WEST PALM BEACH, FL 33411	

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(h), 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 PUCCIO, CATERINA 2124 TIGRIS DR. WEST PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300142591933 02/02/09--01015--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300142591933 04/17/09--01037--023 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: 	12/28/08 (561) 6890057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

FILED
09 APR 17 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

