

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000104219

1. Entity Name
CARINO'S ITALIAN CAFFE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 PM 3:13

Principal Place of Business
9524 BLIND PASS ROAD
ST PETE BEACH, FL 33706

Mailing Address
9524 BLIND PASS ROAD
ST PETE BEACH, FL 33706

B. 4/24/08

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-227-2747

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOURI, KARIM L
9524 BLIND PASS ROAD
ST PETE BEACH, FL 33706

Name SIMOHAMMED NOURI

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

6751 30th Ave N

City ST PETERSBURG

FL Zip Code 33710

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

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 D
NAME NOURI, KARIM L
STREET ADDRESS 9524 BLIND PASS ROAD
CITY-ST-ZIP ST PETE BEACH, FL 33706
PRESIDENT ☒ Delete

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

TITLE
NAME SIMOHAMMED NOURI
STREET ADDRESS 6751 30th Ave N.
CITY-ST-ZIP ST PETERSBURG FL 33710
PRESIDENT ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000123565980
04/15/08--01032--011 **308.75

TITLE
NAME SARAH CROWLEY
STREET ADDRESS 3226 WOODBORN VILLAGE DR #11
CITY-ST-ZIP ANNANDALE VA 22008
VICE PRES. ☐ Delete

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

TITLE
NAME HAMID BENNOURI
STREET ADDRESS 4903 W McFARLAN AVE.
CITY-ST-ZIP TAMPA FL 33611
TREASURER ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-08

Date

Daytime Phone #