

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000104219

**Entity Name:** CARINO'S ITALIAN CAFFE, INC.

**FILED**  
**Oct 10, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

9524 BLIND PASS ROAD  
ST PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

9524 BLIND PASS ROAD  
ST PETE BEACH, FL 33706

**New Mailing Address:**

**FEI Number:** 56-2605648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOURI, SIMOHAMMED  
6751 30TH AVE NORTH  
ST PETERSBURG, FL 33710 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** SIMO NOURI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** NOURI, SIMOHAMMED  
**Address:** 6751 30TH AVE NORTH  
**City-St-Zip:** ST PETERSBURG, FL 33710

**Title:** V  
**Name:** CROWLEY, SARAH  
**Address:** 3228 WOODBURN VILLAGE DR #11  
**City-St-Zip:** ANNANDALE, VA 22008

**Title:** T  
**Name:** BENNOURI, HAMID  
**Address:** 1316 70STREET NORTH  
**City-St-Zip:** SAINT PETERSBURG, FL 33710

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SIMOHAMMID NOURI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

**PRES**

**10/10/2014**

\_\_\_\_\_  
Date