

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000022191

FILED
Dec 17, 2009
Secretary of State

Entity Name: LUCCA FINE ITALIAN DINING INC.

Current Principal Place of Business:

11111 BISCAYNE BLVD., BUILDING 2 APT. 327
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

11111 BISCAYNE BLVD., BUILDING 2 APT. 327
MIAMI, FL 33181

New Mailing Address:

FEI Number: 26-2119839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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: RAHE LUCAS

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LUCAS, RAHE
Address: 11111 BISCAYNE BLVD., BUILDING 2 APT. 327
City-St-Zip: MIAMI, FL 33181

Title: TRES () Delete
Name: KATSOURIS, ANDREAS
Address: 11111 BISCAYNE BLVD., BUILDING 2 APT. 327
City-St-Zip: MIAMI, FL 33181

Title: SECT () Delete
Name: ACOSTA, WILBERT
Address: 11111 BISCAYNE BLVD., BUILDING 2 APT. 327
City-St-Zip: MIAMI, FL 33181

Title: V () Delete
Name: CHARLES, ULRICK P
Address: 7653 NW 2 CT
City-St-Zip: MIAMI, FL 33150

Title: S () Delete
Name: ACOSTA, WILL
Address: 166235 NW 64 AVE
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECT (X) Change () Addition
Name: ACOSTA, WILBERT
Address: 16235 NW 64 AV
City-St-Zip: MIAMI LAKEA, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAHE LUCAS

Electronic Signature of Signing Officer or Director

PRES

12/17/2009

Date