

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000096823

**FILED**  
**Oct 21, 2009**  
**Secretary of State**

**Entity Name:** DEFAZIO'S ITALIAN KITCHEN INC

**Current Principal Place of Business:**

4343 MCCALL ROAD - SOUTH  
ENGLEWOOD, FL 34224 US

**New Principal Place of Business:**

**Current Mailing Address:**

4343 MCCALL ROAD - SOUTH  
ENGLEWOOD, FL 34224 US

**New Mailing Address:**

**FEI Number:** 26-3611796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IZZO, JOHN P  
773 SO INDIANA AVENUE  
ENGLEWOOD, FL 34224 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:** JOHN IZZO

\_\_\_\_\_  
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:** P ( ) Delete  
**Name:** DE FAZIO, NICOLA  
**Address:** 4343 MCCALL ROAD - SOUTH  
**City-St-Zip:** ENGLEWOOD, FL 34224 US

**Title:** S ( ) Delete  
**Name:** DE FAZIO, TINA  
**Address:** 4343 MCCALL ROAD - SOUTH  
**City-St-Zip:** ENGLEWOOD, FL 34224 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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:** NICOLA DIFAZIO

P

10/21/2009

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

\_\_\_\_\_  
Date