

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 DEC 29 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000025704

1. Corporation Name

Giovanni's Main Street Kitchen Inc.

2. Principal Office Address - No P.O. Box #

221 West Main Street

3. Mailing Office Address

221 West Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wauchula Fl. 33873

City & State

Wauchula Fl. 33873

Zip

33873

Country

USA

Zip

33873

Country

USA

100189092741
12/29/10--01020--005 **750.00

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida 03/19/2009

5. FEI Number

26-4507812

☐ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Filomena Atchley

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

1035 Knollwood Circle

Suite, Apt. #, Etc.

City

Wauchula

State

FL

Zip Code

33873

REINSTATEMENT

RH

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Filomena Atchley

REGISTERED AGENT MUST SIGN

Date 12/28/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P | Filomena Atchley | 1035 Knollwood Circle | Wauchula Fl. 33873 |
| V | Terry Atchley | 1035 Knollwood Circle | Wauchula Fl. 33873 |
| T | Blanca Molinaro | 317 S. 9th Ave | Wauchula Fl. 33873 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: atchleyterry@gmail.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Terry Atchley
Terry Atchley

12/28/2010

863-767-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER