

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

98 NOV 18 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019636

1. Corporation Name

CAFFE "ITALIA" INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

234 MIRACLE STRIP PKWY
FT WALTON BEACH FL 32548

234 MIRACLE STRIP PKWY
FT WALTON BEACH FL 32548

189 BROOKS ST SE
FT WALTON BCH FL 32548

189 BROOKS ST SE
FT WALTON BCH FL 32548

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

189 BROOKS ST SE
Suite, Apt. #, etc.

189 BROOKS ST SE
Suite, Apt. #, etc.

City & State

City & State

FT WALTON BCH

FWB

Zip

Country

Zip

Country

32548

OKLAHOMA

FL

32548

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1994

5. FEI Number

59-3230629

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SEARLES, WILLIAM H	504 SOFTWOOD DR	FT WALTON BEACH FL 32548
D	ECKHARDT, JAMES E	504 SOFTWOOD DR 189 BROOKS ST SE	FT WALTON BEACH FL 32548

6000002694926--7
-11/24/98--01020--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEARLES, WILLIAM H
234 MIRACLE STRIP PKWY
FT WALTON BEACH FL 32548

Name

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

189 BROOKS ST. SE
Suite, Apt. #, Etc.

City

FT WALTON BCH

State

FL

Zip Code

32548

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

James E. Eckhardt
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 16 Nov. 98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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:

James E. Eckhardt
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. ECKHARDT

Date

16 Nov. 98

Daytime Phone #

850-664-0035

CR2ED40 (\$89)

Ag 2

FROM: JAMES E. ECKHARDT
CAFFE "ITALIA" INTERNATIONAL, INC

16 Nov 98

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
SANDRA B. MORTHAM

I did not receive my 1998 Annual report. I am new
to the business side of the corporation since I bought
out my former business partner Mr. William H. Searles.



James E. Eckhardt
Registered Agent
Caffe "ITALIA" INTERNATIONAL, INC.