PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 31 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000002147 (3)

1. Corporation Name

THAT LITTLE ITALIAN PLACE, INC.

Principal Place of Business	Mailing Address
2001 N 35 AVENUE HOLLYWOOD, FL 33021 US	2001 N 35 AVENUE HOLLYWOOD, FL 33021 US

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

REINSTATEMENT 03-30-99

2. New Principal Office Address, If Applicable
2576 MIAMI GARDENS DR
Suite, Apt. #, etc

City & State
MIAMI, FLORIDA
Zip 33180 Country US

3. New Mailing Office Address, If Applicable
7098 BONITA DRIVE
Suite, Apt. #, etc

City & State
MIAMI BEACH, FL 33141
Zip 33141 Country US

4. Date Incorporated or Qualified To Do Business in Florida: 01-09-1995

5. FEI Number: 65-0532275 ☐ 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
PD	RENILDA ALVES	2576 MIAMI GARDENS DR	MIAMI, FLORIDA 33180

200002826252--3
--04/01/99--01052--011
****900.00 ****900.00

8. Name and Address of Current Registered Agent

DUFFY, LORI A
1710 NO. 49TH AVENUE
HOLLYWOOD, FL 33021

9. Name and Address of New Registered Agent

Name: RENILDA ALVES
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc: 2576 MIAMI GARDENS DR
City: MIAMI
State: FL Zip Code: 33180

CR2E045 (12/96)

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: X Renilda Alves
REGISTERED AGENT MUST SIGN
Date: 03 30 99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(i), 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: X Renilda Alves PRESIDENT 03 30 99 (305) 682-8998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #