

Document Number Only

D9500055005

FILED
95 JUL 17 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092
CORPORATION(S) NAME

200001538872
-07/17/95--01036--001
*****70.00 *****70.00

Gran Forno Las Olas Bakery, Inc.

- ☒ Profit Articles
☐ NonProfit
☐ Limited Liability Company
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Certified Copy
☐ Call When Ready
☒ Walk In
☐ Mail Out
☐ Amendment
☐ Dissolution/Withdrawal
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call If Problem
☐ Will Wait
☐ Merger
☐ Mark
☐ Other
☐ Change of R.A.
☐ Fictitious Name
☐ CUS/ G/S
☐ After 4:30
☒ Pick Up

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

7/17/95
300

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

State of Florida
Articles of Incorporation
of

GRAN FORNO LAS OLAS BAKERY, INC.

FIRST: The corporate name that satisfies the requirements of Section 607.0401 is: GRAN FORNO LAS OLAS BAKERY, INC.

SECOND: The street address of the principal office of the corporation and its mailing address is:

10255 EPPING LANE, DALLAS, Texas, 75229

THIRD: The number of shares the corporation is authorized to issue is One Thousand (1,000) each with the par value of One Dollar and No Cents (\$1.00).

FOURTH: The street address of the initial registered office of the corporation is C/O C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, CITY OF PLANTATION, FLORIDA 33324, and the name of its initial registered agent at such address is C T CORPORATION SYSTEM.

FIFTH: The name and address of each incorporator is:

IRA F. LEVY

1601 ELM STREET, STE. 3300, DALLAS, Texas
75201

July 5, 1995 The undersigned have executed these articles of incorporation this

IRA F. LEVY, Incorporator

Acceptance by the Registered Agent as required in Section 607.0501 (3) F.S.:
C T Corporation System is familiar with and accepts the obligations provided
for in Section 607.0505.

Dated July 10, 1995, 19__

C T CORPORATION SYSTEM

By Michael E. Jones
(Type Name of Officer)

Asst. Secretary
(Title of of Officer)

FILED
95 JUL 17 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

96 DEC 20 PM 3:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000055005**

1 Corporation Name

GRAN FORNO, LAS OLAS INC.

Principal Place of Business

Mailing Address

**1235 EAST LAS OLAS BLVD
FT. LAUDERDALE, FLORIDA
33301**

SAME

REINSTATEMENT

9600

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable		3 New Mailing Address, If Applicable		4 Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc		Suite, Apt. #, etc		5 FEI Number 717195	
City & State		City & State		Applied For SB 2228238	
Zip		Zip		Not Applicable	
Country		Country		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 non-profit 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
PRES	PIERO LOMBARDI	VIALE BORNATA 117 25100	BRESCIA, ITALY 25100
V. PRES	SALVATORE ANNINO	322 HENDRICKS ISLE	FT. LAUDERDALE, FL 33301
TRES.	GIANCARLO SANTARELLI	10255 EPPING LANE	DALLAS, TX 75229
SECT.	MARIA SANTARELLI	10255 EPPING LANE	DALLAS, TX 75229

**100002040521--2
-12/30/96--01011--007
****383.75 ****383.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SALVATORE ANNINO
1235 EAST LAS OLAS BLVD.
FT. LAUDERDALE, FL. 33301**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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

Signature of Registered Agent

Salvatore Annino

REGISTERED AGENT MUST SIGN

Date **12-17-97**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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, 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., and that all fees owed by the corporation have been paid. 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: **SALVATORE ANNINO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/96 954-467-2244

Date Daytime Phone

CR2040 (12/95)