

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 APR 20 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000659993

1. Corporation Name

Irranra kitchens of Boca Raton Inc  
105 U.S. Hwy #1  
North Palm Beach

~~W09 19808~~

400147024564  
03/24/09--01009--005 \*\*1050.00

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

105 US Hwy #1

Suite, Apt. #, etc.

#1

City & State

North Palm Beach FL Richmond Hill, ONT

Zip

33408

Country

USA

3. Mailing Office Address

278 Newkirk Rd

Suite, Apt. #, etc.

City & State

Richmond Hill, ONT

Zip

L4C 3G7

Country

CANADA

REINSTATEMENT 06-09

4. Date Incorporated or Qualified  
To Do Business in Florida

7/17/1996

5. FEI Number

65068 1955

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

Goldberg Jacobs & Co. LLP

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

2161 Palm Beach Lakes Blvd

Suite, Apt. #, Etc.

4150

City

West Palm Beach

State

FL

Zip Code

33409

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Maurice Jacobs  
REGISTERED AGENT MUST SIGN

Date

MAR 10 2009

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
PROD	Nicola Rossi	5 Marina Terr #2305	Toronto, ONT M5V 3V6
VD	Giuseppe Marcantonio	278 Newkirk Rd	Richmond Hill ONT L4C 3G7
STD	Marcello Marcantonio	278 Newkirk Rd	Richmond Hill ONT L4C 3G7

400147024564  
04/21/09--01024--025 \*\*158.75

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 21/09 416-806-7452