

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT **FLORIDA DEPARTMENT OF STATE** **98-01 UBR**

DOCUMENT # P 97000085494

1. Corporation Name
HUN ITALIAN ENTERPRISES, INC.

2. Principal Office Address
614 Hunt Club Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address
614 HUNT CLUB BLVD
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 10/02/97

5. FEI Number 59-3475854 **Applied For** ☐ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

City & State Apopka, FL **City & State** Apopka, FL

Zip 32703 **Country** USA **Zip** 32703 **Country** USA

7. Name and Address of Current Registered Agent

Name Steven Michael LaBret **LS**

Street Address (P.O. Box Number is Not Acceptable) 226 Hillcrest Street **300004596803-6**

Suite, Apt. #, Etc. **09/18/01-01036-010**
******600.00 ****600.00**

City Orlando **State** FL **Zip Code** 32801

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 *[Signature]* **Date** 9/07/2001

REGISTERED AGENT MUST SIGN

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/D	Mary Moreira	1409 PORRIDGE COURT	Apopka Florida 32703

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 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: *[Signature]* **9/07/2001** **407-920-7109**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

Law Offices of
Steven Michael LaBret, P.A.

2012

LL.M. IN TAXATION
ALSO ADMITTED IN LOUISIANA
AND MICHIGAN BARS

226 HILLCREST STREET
ORLANDO, FLORIDA 32801-1243
(407) 422-5819

September 7, 2001

FAX NO.
(407) 423-7718

Secretary of State
Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: GCJ Italian Enterprises, Inc.
P 97000085494

Dear Sir/Madam:

Enclosed find the following:

1. Check for \$600.00;
2. Reinstatement;
3. Articles of Incorporation; and
4. Assignment and Assumption of Real Estate Lease and Consent to Assignment.

The corporate address on the Articles of Incorporation reflect a street address of 995 W. SR 434, Altamonte Springs, FL 32714. However, the proper corporate address, as reflected in the attached Assignment of Lease, is 614 Hunt Club Blvd., Apopka, FL 32703. Hence, the corporation never received the annual report. For this reason, please abate the penalties.

Sincerely,



STEVEN M. LaBRET

SML/ao
encls.

Cc: Mr. Glen Moreira (w/encls.)