

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 19 AM 7:55

DOCUMENT # P98000033731

1. Corporation Name

TASTE OF ITALY, INC.

REINSTATEMENT

00-06

CR2E081 (12/05)

2. Principal Office Address
322 JOHN RINGLING BOULEVARD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA, FLORIDA

City & State

Zip
34236

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida APRIL 10, 1998

5. FEI Number
59-3504350

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
J. KEVIN DRAKE, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
1432 FIRST STREET

Suite, Apt. #, Etc.

City
SARASOTA

State
FL

Zip Code
34236

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

REGISTERED AGENT MUST SIGN

Date 6/15/06

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
PSTD	COSIMO TRIPOLI	322 JOHN RINGLING BOULEVARD	SARASOTA, FL 34236

000076537770
06/22/06--01064--006 **1050.00

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

6/15/06

Date

941-388-1442

Daytime Phone #

2072

TASTE OF ITALY, INC.
322 John Ringling Boulevard
Sarasota, FL 34236
(941) 388-1442

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Taste of Italy, Inc.

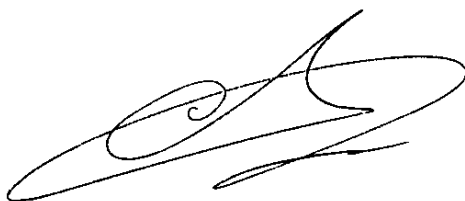
Dear Sir or Madam:

This letter accompanies the Reinstatement Application for the above-referenced corporation and shall serve as the corporation's written request for the reinstatement fee to be waived. The corporation did not receive the annual report notices in the year of dissolution.

Thank you in advance for your courtesies in this regard.

Sincerely,

Cosimo Tripoli, President and Sole Director
Taste of Italy, Inc.

A handwritten signature in black ink, appearing to be 'Cosimo Tripoli', written in a cursive style.