

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 23 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000034030

1. Corporation Name

LITTLE ITALY OF INVERNESS, INC.

2. Principal Office Address

124 N APOPKA AVE

Suite, Apt. #, etc.

City & State

INVERNESS, FLORIDA

Zip

34450

Country

USA

3. Mailing Office Address

124 N APOPKA AVE

Suite, Apt. #, etc.

City & State

INVERNESS, FLORIDA

Zip

34450

Country

USA

REINSTATEMENT 01-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/9/1999

5. FEI Number

65-0867532

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

ALFREDO CALI

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

124 N APOPKA AVE

Suite, Apt. #, Etc.

City

INVERNESS

State

FL

Zip Code

34450

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]

REGISTERED AGENT MUST SIGN

Date 2-17-05

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
D	ALFREDO CALI	124 N APOPKA AVE	INVERNESS, FL 34450
D	DONNA M. CALI	124 N APOPKA AVE	INVERNESS, FL 34450
			300049778383 04/04/05--01019--018 **750.00

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 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]* ALFREDO CALI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-05
Date

352-726-5044
Daytime Phone #

0. Roberts MAR 31 2005

**BOTTOM LINE
BOOKKEEPING &
TAX SERVICE, INC.**

111 W. MAIN STREET
INVERNESS, FL 34450
352-637-1122
352-637-4908 (FAX)

PS 4207 2

March 22, 2005

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Little Italy of Inverness

Dear Sir or Madam:

In response to your letter of March 3, 2005, please note that we spoke to your office in reference to the above named corporation and it was your office that told us to mail you a check in the amount of \$750 which would bring Little Italy into current status (from 2001 through 2005).

We are therefore returning their check in the amount of \$750 as per the original request.

Thank you for your immediate attention on this matter.

Sincerely,



R. A. Cohen