

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -1 AM 10:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000059565

1. Corporation Name

ITALKITCHEN INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

7500 N.W. 41ST STREET, STE. 107
MIAMI FL 33166

7500 N.W. 41ST STREET, STE. 107
MIAMI FL 33166



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

113

113

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1999

5. FEI Number

☒ Applied For

☐ Not Applicable

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 nonprofit 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	4 City / State / Zip
President	Ted Platon	7500 N.W. 41st Street Suite 113	Miami FL 33166
Vice President	Ted Platon	7500 N.W. 41st Street Suite 113	Miami FL 33166
Secretary	Ted Platon	7500 N.W. 41st Street Suite 113	Miami FL 33166
Treasurer	Ted Platon	7500 N.W. 41st Street Suite 113	Miami FL 33166

8. Name and Address of Current Registered Agent

SIGALOS, GEORGE L ESQ.
% SIMON, SIGALOS & SPYREDES, P.A.
4800 NO. FEDERAL HWY., STE. 100-D
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

Same

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/10/00

11. 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.

00003482777

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TED PLATON

11/27/00
Date

KE
(305) 513-0066
Daytime Phone #

2082



ACCOUNT NO. : 072100000032

REFERENCE : 915596 7232553

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 750.00

ORDER DATE : November 30, 2000

ORDER TIME : 9:30 AM

ORDER NO. : 915596-005

CUSTOMER NO: 7232553

CUSTOMER: Mr. James F. Potamos
Italkitchen International,
Suite 113
7500 N.w. 41st Street
Miami, FL 33166

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

00 DEC -1 AM 9:57

TO AGENTS
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: ITALKITCHEN INTERNATIONAL,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____