

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **99**
REINSTATEMENT



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

FILED

99 OCT 26 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S83539**

1. Corporation Name
LIQUORS, WINES & FOODS FROM ITALY, INC.

Principal Place of Business 12323 SW 132 COURT LOCAL B MIAMI FL 33186	Mailing Address 12323 SW 132 COURT LOCAL B MIAMI FL 33186
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REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida 09/30/1991	
5. FEI Number 65-0354495		Applied For <input type="checkbox"/> Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PS	MENEGON, MILENO	12353 S.W. 132ND CT.	MIAMI FL 33186
VPT	SAVIGNANO, SALVATORE	12353 S.W. 132ND CT.	MIAMI FL 33186

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-10/27/99--01082--014
***750.00 ***750.00

8. Name and Address of Current Registered Agent TERMINELLO, LOUIS J. ESQ. 2700 SW 37TH AVE. MIAMI FL 33133		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City, State, Zip Code FL	
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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** Date: 10/05/99
REGISTERED AGENT MUST SIGN

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.
SIGNATURE: [Signature] **REQUIRED** Date: 10/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C202840 (8/99)