APPLICATION FOR REINSTATEMENT FOR 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED
97 MAR 11 AM 11:28

Please Type or Print in Black Ink Only. Check Box Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # V45339

93-97

BIG ITALY INC
3003 NE 183 LA
NORTH MIAMI Beach. FL. 33160

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

MWB

Address: 401 S. ATLANTIC BLVD
Address:
City and State: FT. LAUDERDALE . FL
Zip Code: 33316

3. Date Incorporated or Qualified To Do Business in Florida: 6/19/1997

4. FEI Number: 65-0341164

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	RONEN ELIMELECH	401 S. ATLANTIC BLVD.	FT. LAUDERDALE - FLORIDA
VP/D	ZVI PERINTS	401 S. ATLANTIC BLVD.	FT. LAUDERDALE - FLORIDA
			300002111803--0 -03/12/97--01120--006 ****245.00 ****245.00
			300002111803--0 -03/12/97--01120--007 ***1165.00 ***1165.00

300002111803--0
-03/12/97--01120--005
******61.25 ******61.25

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☒ Yes ☐ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

RONEN ELIMELECH

7. Name and Address of New Registered Agent

Name: RONEN ELIMELECH
Street Address (Do NOT Use P.O. Box Number): 401 S. ATLANTIC BLVD.
Street Address (Do NOT Use P.O. Box Number):
City and State: FT. LAUDERDALE FL.
Zip Code: 33160

8. 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 (X) _____ Date 3/4/97
REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director (X) _____ Date 3/4/97 Phone # _____

Typed or printed name of signing officer or director RONEN ELIMELECH

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☒

$8.75 Additional Fee required for a Certificate of Status