PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 APR 22 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L5 3896

1. Corporation Name

TOUCH OF ITALY, INC.

REINSTATEMENT 01-02

100005449311--8
-05/03/02--01021--015
***1050.00 ***1050.00

2. Principal Office Address	3. Mailing Office Address
4502 South Atlantic Ave.	4502 South Atlantic Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Beach, FL	City & State: New Smyrna Beach, FL
Zip: 32169 Country: USA	Zip: 32169 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/21/90

5. FEI Number: 59-3001000 ☐ 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: Dominick Falletta

Street Address (P.O. Box Number is Not Acceptable): 4198 South Atlantic Avenue, Ocean Village Square

Suite, Apt. #, Etc.:

City: New Smyrna Beach State: FL Zip Code: 32169

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: Louise G Zarbo Date: 04/18/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P	SALVATORE ZARBO	4502 South Atlantic Ave.	New Smyrna Beach, FL 32169
S/T	LOUISE G. ZARBO	4502 South Atlantic Ave.	New Smyrna Beach, FL 32169

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: Salvatore Zarbo 04/18/02 386-424-0321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JL 4/30/02

ALONZO H. HARDESTY, III, P. A.

ATTORNEY AT LAW

SUITE 7
1750 SOUTH VOLUSIA AVENUE
ORANGE CITY, FLORIDA 32763

TELEPHONE (386) 775-3222
FACSIMILE (386) 775-3345

April 18, 2002

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

RE: TOUCH OF ITALY, INC.

Dear Sirs:

Please find enclosed Corporation Reinstatement for TOUCH OF ITALY, INC. together with check in the amount $1,050.00 representing reinstatement fee as quoted by your representative by telephone today.

Very truly yours,

Alonzo H. Hardesty

AHH/pr
Enclosure(s)
cc: Mr. & Mrs. Salvatore Zarbo