

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 000000 48652

1. Corporation Name
GIANNI DEVELOPMENT INC.

800030249758
03/31/04--01070--008 **150.00
REINSTATEMENT 03-04

2. Principal Office Address
708 E. TARPON AVE

3. Mailing Office Address
708 E. TARPON AVE.

Suite, Apt., etc.
#14

Suite, Apt., etc.
#14

3/11/04 01004 001 750.⁰⁰

City & State
TARPON SPRINGS

City & State
TARPON SPRINGS

4. Date Incorporated or Qualified
To Do Business in Florida 5/17/00

Zip Country
34689 USA

Zip Country
34689 USA

5. FEI Number Applied For
59-3645290 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 Robert L Tankel, P.A.
Street Address (P.O. Box Number is Not Acceptable) 1022 Main Street Suite D
Suite, Apt., Etc. "D"
City Dunedin State FL Zip Code 34698

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]* Date 3/23/04
REGISTERED AGENT MUST SIGN

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, T	OLGA TRANI	708 E. TARPON AVE #14 TARPON SPRINGS, FL	34689
V.P., S	HELENE PROVENZANO	708 E. TARPON AVE, #14	TARPON SPRINGS, FL 34689
			800030249758

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)(l), 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: *Helene Provenzano, V.P.* 3/23/04 727 447 0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HELENE PROVENZANO, V. PRES. Date Daytime Phone #

CR2E081 (01/04)