PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
REINS TEMPS	

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

P01000067720 **DOCUMENT #**

1. Corporation Name

MODENA-NAVI ASSOCIATES INC.

Principal Place of Business

Mailing Address

9737 NW 41ST ST PMB 194 MIAMI FL 33178

9737 NW 41ST ST PMB 194

MIAMI FL 33178

FILED

02 NOV -4 PH 2: 32

SECHETARY OF STATE TALLAHASSEE, FLORIDA

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If shove a	ddraecae ara in	correct in any way. Jing th	rough incorract i	inform	action one	l ontor on-	ation holow					
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailii Suite, Apt. #, etc. Suite, Apt. #,				ling O	ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/10/2001				
				, etc.				l s collection of the collecti				Applied For
City & State City & State							45-		Not Applicable			
Zip		Country	Zip			Country		6.	E OF STATUS DESIRED	\$8.7	75 Additio or a Certifi	nal Fee require cate of Status
7. Names a	and Street Addre	esses of Each Officer and	or Director (Flo	orida i	nonprofit	corporations	must list at le	ast 3 directors)				
Title(s)	2	Name of Officers and/or Directors		3		Street A	ddress of Eacl	h	4	City / Sta	ate / Zip	
Mas	GIHN	ICHISTORIA		1	EAS	r has	OLAS	BLUD.	FT. haud FLORIO	A A	46	
						K	1 1/6)				
8. Name and Address of Current Registered Agent						/	Name and Address of New Registered Agent					
2 LAS OLAS CIRCLE FORT LAUDERDALE FL 33316 Suite, Apt. #, Etc.			(P.O. Box Number is Not Acceptable)									
10. I, being	appointed the re	egistered agent of the abo	ove named corpo	oratio	n. am fam	Cit		bligations of Secti	ion 607 0505 F.S. or i	State FL 617.0505	Zip Cod	е
Signature of Registered A	Agent	LSICAL.	TURE Gistered ag	ENT	REC Must si	an DUIF	RED		Date 10/2	2/02	·	· '.

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:

Daytime Phone #

MODENA-NAVIASSOCIATES, INC.

October 29, 2002

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

Dear Sir or Madam:

Please, be advised that I have not received the UBR for the year 2002. Enclosed, please find the Application for Reinstatement with the required fee of \$150.00 plus \$8.75 for a certificate of status. I am asking you to please, reinstate the Corporation and abate the penalty since I did not receive the UBR form or any other notice for the year 2002.

Thank you for your cooperation in this matter.

Sincerely,

Gian Manzini

Registered Agent