## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	INSTATEMENT			A DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS			13 NOV -4 AM 10: 11		
DOCUMENT # P12000029939  1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Farfalla Corp									
3001 NE 185th ST	Office Address NE 185th ST				]				
		t. #, etc. 410				CR2E081 (11/10)  4. Date Incorporated or Qualified To Do Business in Florida 03/28/2012			
Aventura, FL Av		ventura, FL				5. FEI Number Applied For Not Applicable Not Applicable			
33180 USA	33180	)	US			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent  Name  Laura Pensa  Sireet Address (P.O. Box Number is Not Acceptable)					REINSTATEMENT				
3001 NE 185th ST									
STE 410 City Aventura						00253499076 04/1301047001 **750.00			
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  REGISTERED AGENT MUST SIGN							s		
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)      Name of Street Address of Each									
Officers and/or Directors		Officer and/or Director			Director		City / State / Zip		
P Laura Pensa			001 NE 185th ST, S			Aventura,			
VP Arianna Botto	3001 NE 185th ST, ST			ST, S	STE 410	Aventura, FL 33180			
T Christian Bottome		3001	NE 185th ST, STE 410		STE 410	Aventura, FL 33180			
						NOV 4 2013			
							M. WILLIA	MS	
10. E-mail Address: laurapensa@gmail.com									

(To be used for future annual report notification) 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

SIGNATURE:<

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/2013

(954) 531-8985

Daytime Phone #

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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817 155, F.S. 122057