PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ' REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

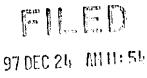
DIVISION OF CORPORATIONS

DOCUMENT #

P94000086097

1. Corporation Name

OTTISSIMA, INC.



SECKEDINY 18 STATE TALLAHASSEE, FLORIDA

Principal Place of Business 712 US HIGHWAY ONE NORTH PALM BEACH FL 33408			Mailing Address 712 US HIGHWAY ONE NORTH PALM BEACH FL 33408					
If above addresses are incorrect in any way, line th 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country			3. New Mai	3. New Mailing Office Address, If Appl Suite, Apt. #, etc. City & State		5. FEI Number	Pr 65-0544222	11/29/1994 Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director Name of Officers and/or Directors 2				Florida nonprofit corporations must list at least 3 directo Street Address of Each Officer and/or Director 3 (Oo NO1 Use Post Office Box Numbers)			City / State / Zip	
PDST	ST BARRETT, CATHERINE M.			608 ISLAND DRIVE			PALM BEACH FL	
VP	ROBERT J. BARRETT, III			608 Island Dr.		Palm Beach, FL 33480		
							10000238 -12/29/97 ****750.	35 109 - 1 -01133 -029 00 ****750.00
								10
8. Name and Address of Current Registered Agent Name						Name and Address of New Registered Agent		
COHEN, FRED C 712 US HIGHWAY ONE NORTH PALM BEACH FL 33408					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
Signature of Registered	of I Agent	e registered averil of the a	REGISTEHED A	OF THE TRUM TIGH	lu	bligations of Sec	Date _ 12/18	State Zip Code Zip Code
		Personal Prope			Yes 🗌	No 🔼		intangible tax.)
this rein owed b	nstatement ap y the corporat	olication, the reason for di	ssolution has boo no namos of Indivi	n eliminated, the corp duals listed on this fo	oorate name satisfies orm do not qualify for	the requirement an exemption u	ls of section 607.0401 or 6	rther certify that when filing 17.0401, F.S., that all fees F.S. The information indicated

12/17/96 561-833-78/00 Dayline Phone # SIGNATURE:

FO NAME OF SIGNING OFFICER OR DIRECTOR