


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 MAY -5 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000013113

1. Corporation Name
BRAZZOLI OF THE AMERICAS, INC.

Principal Place of Business Mailing Address
Miami International Commerce Center same
2001 Northwest 79th Avenue
Miami, FL 33126

REINSTATEMENT 97/98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
09/04/1996

5. FEI Number
65-0696778

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C/P	Nicola Canziani	Via Marconi 22	21052 Busko Arsizio, Italy
D	Gianpietro Brazzoli	Via Longo No. 7/A	20030 Senago (Mi), Italy
D/V	Louis J. Melocchi	1046 Harvard Road	Monroeville, PA 15146
S/T	Robert C. McCartney	600 Grant St., 42nd Flr.	Pittsburgh, PA 15219
S	Howard A. Finkel	1324 Firwood Drive	Pittsburgh, PA 15243

8. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name
100002520891--8

Street Address (P.O. Box Number is Not Permitted)
-05/12/98--01095--007
*****8.75 *****8.75

Suite, Apt. #, Etc.

City
State
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Carol K. Dele Date May 4, 1998

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: Howard A. Finkel Date 4/30/98 (412) 247-3763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Howard A. Finkel

Date Daytime Phone #

CH22030 (12/95)