PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 13 AM 10:00

DOCUMENT # P97000070919

1. Corporation Name

BRAVO CUCINE ITALIANE, INC.

Principal Place of Business | Mailing Address

300003019773--2
-10/20/99--01063--003
****150.00 ****150.00

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	4018 AURORA STREET Suite, Apt. #, etc.
City & State	City & State: CORAL GABLES, FL
Zip / Country	Zip: 33146 / Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: AUGUST 15, 1997

5. FEI Number: 65-0776311 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D/T	ENRICO CAVACIOCCHI	4018 AURORA STREET	CORAL GABLES, FL 33146

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: ENRICO CAVACIOCCHI
Street Address (P.O. Box Number is Not Acceptable): 4018 AURORA STREET
Suite, Apt. #, Etc.:
City: CORAL GABLES, State: FL Zip Code: 33146

CR2E040 (1/96)

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: Enrico Cavaciocchi Date: 10/07/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] 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 [illegible] filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, that all fees owed by the corporation have been paid and the name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. [illegible] information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Enrico Cavaciocchi ENRICO CAVACIOCCHI, PRES. 10/07/99 (305) 445-7780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32474F.1

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BRAVO CUCINE ITALIANE, INC.
4018 AURORA STREET
CORAL GABLES, FL 33146

September 23, 1999

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, Fl 32314

Gentlemen:

The purpose of this letter is to request you waive the fees to reinstate the above named corporation. Apparently the annual report was sent to the attorney's office and according to them they did not receive it.

Enclosed you will find the reinstatement application with the correct address and a check in the amount of $150.00.

Sincerely,

BRAVO CUCINE ITALIANE, INC.

Enrico Cavaciocchi
President

EC/me
Enclosures

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