

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : SHUTTS & BOWEN, LLP  
Account Number : 076447000313  
Phone : (305) 358-6300  
Fax Number : (305) 381-9982

**CORPORATION REINSTATEMENT**

**PAGOTTO BROS., INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,200.00

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Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB 17 PM 3:09

DOCUMENT # P98000091554

1. Corporation Name

PAGOTTO BROS., INC.

2. Principal Office Address - No P.O. Box #

20801 Biscayne Boulevard

Suite, Apt. #, etc.

403

City & State

Aventura, Florida

Zip

33180

Country

Miami-Dade

3. Mailing Office Address

Same as principal office address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 06-09ks  
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

10/28/1998

5. FEI Number  
66-0871268

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Company of Miami

Street Address (P.O. Box Number is Not Acceptable)

201 South Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 1500

City

Miami

State

FL

Zip Code

33131

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 807.0505 or 817.0503, F.S.

Signature of Registered Agent

Cavell J. Anderson, REGISTERED AGENT MUST SIGN ASST. SECRETARY

Date

02/17/09

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Ferruccio Pagotto	20801 Biscayne Blvd., #403	Aventura, FL 33180
VP/S	Vicki Pagotto	20801 Biscayne Blvd., #403	Aventura, FL 33180

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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 contained in Chapter 110, 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:

*Vicki Pagotto*

VICKI PAGOTTO

2/10/09

9542141383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #