

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000069933

FILED
Oct 12, 2004
Secretary of State

Entity Name: SILVANA FACCHINI GALLERY, INC.

Current Principal Place of Business:

MS. SILVANA FACCHINI
35 N.E. 38TH STREET
MIAMI, FL 33137

New Principal Place of Business:

MS. SILVANA FACCHINI
1929 NW 1ST AVENUE
MIAMI, FL 33136

Current Mailing Address:

C/O AGI REGISTERED AGENTS
1200 BRICKELL AVE., SUITE 900
MIAMI, FL 33131

New Mailing Address:

1929 NW 1ST AVENUE
MIAMI, FL 33136

FEI Number: 65-0939012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LORETTA FABRICANT CPA PA
100 SE 2ND STREET
3910
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LORETTA FABRICANT 10/12/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: FACCHINI, SILVANA
Address: 35 N.E. 38TH STREET
City-St-Zip: MIAMI, FL 33137

Title: DVP () Delete
Name: FACCHINI, ISABELLA
Address: 35 N.E. 38TH STREET
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: FACCHINI, SILVANA
Address: 1929 NW 1ST AVE
City-St-Zip: MIAMI, FL 33136

Title: DVP (X) Change () Addition
Name: FACCHINI, ISABELLA
Address: 1929 NW 1ST AVE
City-St-Zip: MIAMI, FL 33136

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVANA FACCHINI PRES 10/12/2004

Electronic Signature of Signing Officer or Director Date