

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL 26 PM 2:29

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **V53642**
1. Corporation Name
THE AMATTI COMPANY, INC.

Principal Place of Business Mailing Address
**1901 N. ATLANTIC BLVD #16A
FORT LAUDERDALE, FL 33305**

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

REINSTATEMENT

94-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7/28/92	
City & State		City & State		5. FEI Number	
Zip		Country		65-0350762	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$2.75 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)			
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
P	RICHARD NICOLO	1901 N. ATLANTIC BLVD #16A	FORT LAUDERDALE FL, 33305
VP	ANGIE NICOLO	85 SAUGUS AVE	SAUGUS, MA 01906

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DAVE STOLAR 1350 96TH ST. BAY HARBOR ISLAND FL, 33154		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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: *Dave Stolar* REGISTERED AGENT MUST SIGN Date: 7/21/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 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., the 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: *Richard Nicolo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 21 July 99 Daytime Phone #: 954.334.1000 X 201

CREBOT (12/98)