

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUN 31 PM 4:01

DOCUMENT # S91346

**1. Corporation Name**

2607 Landmark, Inc.

**REINSTATEMENT**

98-02

**2. Principal Office Address** 20185 E.  
Country Club Drive

**3. Mailing Office Address** 20185 E.  
Country Club Drive

Suite, Apt. #, etc.  
#2607

Suite, Apt. #, etc.  
#2607

City & State  
N. Miami Beach FL

City & State  
N. Miami Beach FL

Zip Country  
33180 USA

Zip Country  
33180 USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 11/01/1991

**5. FEI Number**  
65-0346671

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
David Feldman, Esq.

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

Suite, Apt. #, Etc.  
Ste. 701

City  
Miami Beach

500005763495-3  
-06/12/02--01067--006  
\*\*\*270.00

61.25-AR

88.75-ARsupp

State Zip Code  
FL 33139

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503 F.S.**

Signature of  
Registered Agent

Date

5/29/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDVP	Ruth Picciotto	20185 E. Country Club Dr #2607	N. Miami Bch. FL 33180
VPSD	Alberto Picciotto	20185 E. Country Club Dr #2607	N. Miami Bch. FL 33180
VPTD	Maurizio Picciotto	20185 E. Country Club Dr #2607	N. Miami Bch. FL 33180

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-06/12/02--01067--006  
\*\*\*1350.00 \*\*\*1350.00

**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 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:**

Ruth Picciotto Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/02. 305-534-4721  
Date Daytime Phone #