		PLEASI	E READ A	LL INST	RUCTION	S BEFORE C	OMPLETI	NG THIS FORM.
	PLICAT FOR ISTATE	ION		FLORIDA (ËNT OF STATE ortham f State		FILED
DOCUMENT # 155007								97 JUN 11 AM 8: 47
Corporation Name								SECRETARY OF STATE
INGRAO CORPORATION							TALLAHASSEE, PLORIDA	
	lace of Busin		COURT	Mailing Addr 生ょっ	ess			
TA	mpA,	FL 3	3614	8630	DR, FL	GURT#12 33614	REINST	TATEMENT 96-97
If above addresses are incorrect in any way, line through incorrect information and enter correction below New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							4. Date Incorpo	prated or Qualified
Sulte, Apt. #, etc.				Suite, Apt. #,	etc.			ess in Florida 5/28/1948
City & Stat	le			City & State			5. FEI Number	Applied For Not Applicable
Zip Country			Zip Country		intry	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street A			r Director (Flo	,	porations must list at lea		
Title(s)	and/or Directors				·	Street Address of Each Officer and/or Director Use Post Office Box N	•	City / State / Zip 4
PD	DOLCIMASCOLO, A. I. 8636 TAHOE GURT #12 TAMPA,						TAMPA, FL 33614	
			100,000				60	000022120467 -06/13/9701119008 ****915.00 ****915.00
	8. Nai	ne and Addre	ess of Current R	egistered Age	ent		9. Name and A	Address of New Registered Agent
	Dolain Ascolo A T					Name		
_	. 8636 TAHOE CT. #12					(P.O. Box Number Is Not Acceptable)		
						Suite, Apt. #, Etc	tc.	
4 on						State Zip Code FL		
10. I, bein Signature (Registered		ne registered a	Dolce	inaso	oration, am familia Lollo ENT MUST SIGN	r with and accept the of	bligations of Section	on 607.0505, F.S. Date 6/7/97
11. Do	oes this ept. of F	corpora levenue	tion pay a under S.	ny intang 199.032,	jible tax to Florida Sta	the atutes. Yes	⊠ No[(See other side for Information on intangible tax.)
this rei	nstatement ap by the corpora	plication, the tion have been	reason for dissol n paid and the n	ution has been ames of individ	eliminated, the co uals listed on this	rporate name satisfies	the requirements an exemption und	pter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees fer section 119.07(3)(i), F.S. The information indicated

SIGNATURE: QJ Dolemaseolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/97 (813)931-8909 Daytime Phone #