

2008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 663311 (9)

1. Corporation Name

POLVANI TOULS, INC

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

1823 SW 18th Ave.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33145

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

09 JUN -4 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

700156781997
06/04/09--01020--008 **1050.004. Date Incorporated or Qualified
To Do Business in Florida

01/01/1980

5. FEI Number

59-2207637

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

MARTINEZ, LUZ STELLA

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

1823 SW 18th Ave.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

☒ 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 section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/26/09

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
P	POLVANI ANNUNZIATA	VIA LUDOVISI 16	ROME, ITALY
T	MARTINEZ, LUZ STELLA	1823 SW 18th Ave	MIAMI, FL 33145
S	BORNERDINI FRANCESCO	VIA LUDOVISI 16	ROME - ITALY

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/09

Date

301-316-4592

Daytime Phone #