

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 12 AM 11:07

600180273206
05/12/10--01028--004 **175.00600180273206
05/04/10--01046--013 **183.75**REINSTATEMENT** 08-104. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

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

☒ 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.

7. Name and Address of Current Registered Agent

Name **ILONA-ANNE WISS P.A.**

Street Address (P.O. Box Number is Not Acceptable)
1000 LINCOLN ROAD,

Suite, Apt., Etc.
Suite 208

City **MIAMI BEACH** State **FL** Zip Code **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**ILONA-ANNE WISS P.A.**Date **4/19/10**

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
D	Gary Twist	300 W. 41 St. Ste. 2113	Miami Bch. FL 33140
D	Carlos Soler	251 11th St.	HOBOKEN NJ 07030
D	Judith Robertson	835 Meridian Ave. #3	Miami Bch. FL 33139
D	Susan Gonzales	835 Meridian Ave. #5	Miami Bch. FL 33139
D	Francesco Bonichi	CORSO VITTORIO EMANUELE 294-00186 C/O ANDRE+OVERY	ROME, ITALY
D	Rita Dahl	661 CONSERVATION DR.	WESTON, FL 33327

10. E-mail Address: **judyrob@usa.net**

(To be used for future annual report notification)

11. 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. I further certify, 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:

JUDITH ROBERTSON, DIR.

4/19/10 3056046380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(continued from page 1)

<u>Titles</u>	<u>Name of Officers</u>	<u>Street Address</u>	<u>City, State, Zip</u>
DT	Susanne Bifano	835 Meridian Ave., #9	Miami Beach, FL 33139
D	George Chavles	9024 Carlyle Avenue	Surfside, FL 33154
D	Robert Rosenfield	8020 Crespi Blvd., #6	Miami Beach, FL 33141