

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **837472**

1. Corporation Name

PRATESI LINENS, INC.

Principal Place of Business

381 PARK AVE SO
NEW YORK NY 10016

Mailing Address

381 PARK AVE SO
NEW YORK NY 10016

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1976

5. FEI Number

22-1904616

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	BARI, ANTONIO DI	381 PARK AVE.SOUTH	NEW YORK NY 10016
S	BARI, ANTONIO DI	381 PARK AVE.SOUTH	NEW YORK NY NY 10016
T	TANG, SYLVIA	381 PARK AVE.SOUTH	NEW YORK NY NY 10016

500024330225
10/31/03--01032--008 **150.00

8. Name and Address of Current Registered Agent

ESTEVEZ, SONIA
324 WORTH AVENUE
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/23/03

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/03

Daytime Phone #

7(212) 689-3150

FILED

03 OCT 31 AM 9:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)



To,
Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

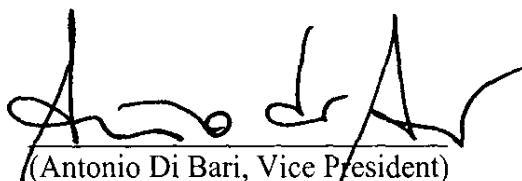
Re: Pratesi Linens. Inc. – Waiver for Reinstatement Fee
Doc# 837472
EIN# 22-1904616

Dear Sir or Madam:

With reference to the above, we have to state as under for your kind consideration.

We are in receipt of certificate of administrative dissolution for not filing 2003 corporation annual report/uniform business report. Please find attached "Application for Reinstatement" with the filing fees of \$150.00 in order to reactivate the corporation status. We hereby also request you to waive reinstatement fee of \$600.0, since we have not received any of the prior uniform business report notices.

Should you have any questions, please do not hesitate to contact us.



(Antonio Di Bari, Vice President)
Pratesi Linens, Inc.

381 Park Avenue South • Suite 1223 • New York, NY 10016
Phone (212) 689-3150 • Fax (212) 889-6721