

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F03000000618

**1. Corporation Name**

LAVAZZA PREMIUM COFFEES CORP.

**2. Principal Office Address**

3 PARK AVENUE

Suite, Apt. #, etc.

28TH FLOOR

City & State

NEW YORK, NY

Zip

10016

Country

USA

**3. Mailing Office Address**

3 PARK AVENUE

Suite, Apt. #, etc.

28TH FLOOR

City & State

NEW YORK, NY

Zip

10016

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/05/2003

**5. FEI Number**

13-3465906

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (8/05)

900066387629  
02/22/06--01036--004 \*\*150.00

FILED  
06 FEB 15 PM 12:04  
RECEIVED

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

Name

UNITED CORPORATE SERVICES, INC.

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

9200 SOUTH DADELAND BLVD.

Suite, Apt. #, Etc.

SUITE 508

City

MIAMI

State

FL

Zip Code

33156

**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

*Michael A. Brown*

Date

2/14/06

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
CD	ROBERTO EMILIO CONSONNI	3 PARK AVENUE, 28TH FLOOR	NEW YORK, NY 10016
S	CYNTHIA G. FISHER	600 PARK AVENUE	NEW YORK, NY 10022
CFO	PAOLA BOSSO	3 PARK AVENUE, 28TH FLOOR	NEW YORK, NY 10016
D	MASSIMO STOPPONI	3 PARK AVENUE, 28TH FLOOR	NEW YORK, NY 10016
D	TULLIO TOLEDO	3 PARK AVENUE, 28TH FLOOR	NEW YORK, NY 10016
VP	ENNIO RANABOLDO	3 PARK AVENUE, 28TH FL.	NEW YORK, NY 10016

**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 individual/s 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:

*Ennio Ranaboldo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENNIO RANABOLDO NOV 29, 2005

Date

Daytime Phone #