

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 AUG 16 PM 4:56
TALLAHASSEE FLORIDA

DOCUMENT # F03000000618

1. Corporation Name

Lavazza Premium Coffees Corp.

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

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

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida 02/05/20035. FEI Number
13-3465906Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒ For Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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 617.0508, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

8/16/10

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
CEO and EVP	Ennio Ranaboldo	3 Park Avenue, 28th Floor	New York, NY 10016
Secretary	Cynthia G. Fischer	140 Broadway, Ste. 3100	New York, NY 10005
Director	Gaetano Mele	Corso Novara 59, 10154 Torino	Italy
Director	Enrico Meraldi	Corso Novara 59, 10154 Torino	Italy
Director	Paola Bosso	Corso Novara 59, 10154 Torino	Italy

10. E-mail Address: lgarcia@schnader.com

(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:

Cynthia G. Fischer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/2010

Date

212-973-8175

Daytime Phone #

8/16/10

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000184119 3)))



H100001841193ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
LAVAZZA PREMIUM COFFEES CORP.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,208.75

Electronic Filing Menu

Corporate Filing Menu

Help