

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 22 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000004463

1. Corporation Name

Baretta LTD. Inc.

W08-54053

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

87 Washington Ave.

Suite, Apt. #, etc.

City & State

Garden City, NY

Zip

11530

Country

3. Mailing Office Address

87 Washington Ave.

Suite, Apt. #, etc.

City & State

Garden City, NY

Zip

11530

Country

4. Date Incorporated or Qualified
To Do Business in Florida 2/22/1994

5. FEI Number
11-3207119

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

Jeffrey Feinberg, Esq.

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

4000 Hollywood Blvd.,

Suite, Apt. #, Etc.

#350N

City

Hollywood

State

FL

Zip Code

33021

☐ 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

Date 12/19/08

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
P	Richard Barbadillo	87 Washington Ave.	Garden City, NY 11530
V	Antonio Manetta	144-58 S. Drive	Malba, NY 11357
S	Anthony Provenzano	1411 Dipolmat Pkwy	Hollywood, FL 33019

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

Anthony Provenzano

12/19/08

Date

Daytime Phone #