PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2023 DEC -5 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # F07000004410

1. Corporation Name

MICHILLI INC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
126 5th Avenue		126 5th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
9th Floor		9th Floor	
City & State		City & State	
NEW YORK, NY		NEW YORK, NY	
Zip	Country	Zip	Country
10011	USA	10011	USA

4. Date Incorporated or Qualified To Do Business in Florida
08/31/2007

5. FEI Number
13-4061184

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
Registered Agent Solutions, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2894 Remington Green Ln.
Suite, Apt. #, Etc.
Ste. A
City | State | Zip Code
Tallahassee | FL | 32308

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 12/05/2023
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
Mr.	Angelo V Michilli	126 5th Avenue, 9th Floor	New York, NY 10011

10 E-mail Address: licenses@michilliinc.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: _____ Angelo V. Michilli
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

12/4/2023 Date

(917) 335-1569 Daytime Phone #

DEC - 5 2023

CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: BROOK 12/5

	CERTIFIED COPY	
XX	PHOTOCOPY	
	GS	
XX	FILING	REINSTATEMENT

1. MICHILLI INC.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)P

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

RECEIVED
2023 DEC -5 PM 3:09

SPECIAL INSTRUCTIONS: _____