

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 JUL -5 AM 5:17

DOCUMENT # F13000002011

1. Corporation Name

SOGNO TOSCANO TUSCAN DREAM INC

800315515938
07/05/18--01033--010 **900.00

CR2E091 (11/10)

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

2510 W GENEVA DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TEMPE, AZ

City & State

Zip

Country

Zip

Country

85282

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-3446430

☐ 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 AGENTS INC

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

3030 N ROCKY POINT DR

Suite, Apt. #, Etc.

SUITE 150A

City

TAMPA

State

FL

Zip Code

33607

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

Bill Hume

REGISTERED AGENT MUST SIGN

Date **06/20/2018**

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	Pietro Brembilla	2510 W Geneva Dr	Tempe, AZ 85282
VP	Brian Persico	2510 W Geneva Dr	Tempe, AZ 85282

JUL 05 2018

R. HUNT

REINSTATEMENT

10. E-mail Address: **eliisaturner@gmail.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:

Bill Hume

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/20/2018 917-667-9129

Date

Daytime Phone #