

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2 16 PM 2:57

DOCUMENT # F16000002196

1. Corporation Name

AP Montaggi USA, Inc.

600342221456

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

112 Madison Ave

3. Mailing Office Address

1030 Salem Road

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

City & State

New York, NY

City & State

Union, NJ

Zip

10016

Country

USA

Zip

07083

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
05/01/2016

5. FEI Number

37-1758742

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a 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

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

REGISTERED AGENT MUST SIGN

Lydia Cohen

Date 3/16/2020

Asst. Vice President

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
CFO	Amedeo Luongo	1030 Salem Road	Union, NJ 07083
Director	Pasquale Antonio	Via Circonvallazione 26	Aradeo, IT 73040

MAR 16 2020

10. E-mail Address: ALuongo@mpcpalc.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:

Amedeo Luongo
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/20

908-352-9787

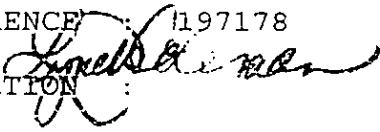
Daytime Phone #

NAC

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 197178 5018754

AUTHORIZATION : 

COST LIMIT : \$ 750.00

ORDER DATE : February 28, 2020

ORDER TIME : 9:44 AM

ORDER NO. : 197178-010

CUSTOMER NO: 5018754

REINSTATEMENT

NAME: AP MONTAGGI USA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson

EXAMINER'S INITIALS _____