

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000002389**

1. Corporation Name

**MERZARIO USA, INC.**

99 OCT 27 PM 7:15

100003036041--5

-11/05/99--01042--004

\*\*\*750.00 \*\*\*750.00

Principal Place of Business

Mailing Address

3900 NW 79TH AVE., #408  
MIAMI FL 33166

3900 NW 79TH AVE., #408  
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/1996

5. FEI Number

13-3166524

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDC PD	BORLONI, ERMINIO GIOVANNI BISIGNANI	VIA S. VITO 6 CARONCINI, 27, VIA ALBERTO	ROME 20129 MILANO ITALY
V	QUARANTA, CLAUDIO	3300 RECTOR PLACE 333 RECTOR PLACE	NEW YORK NY 10280
S	GORI-MONTANELLI, RICCARDO	800 MADISON AVE.	NEW YORK NY 10022
D	CELLINI, SALVATORE M	VIA TEOCRITO 36	MILANO ITALY
PDC D	GATTI, PIER-GIORGIO GIORGIO MONGERI	PARO ST ROMAN 7TH AVE VIA BARRACCA, 44	ST ROMAN MO 88000 SESTO SAN GIOVANNI, ITALY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

THOMAS V. HALLEY

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

801 BRICKELL AVE.

Suite, Apt. #, etc.

9TH FLOOR

City

MIAMI

State

FL

Zip Code

33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/25/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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

*[Signature]* Claudio Quaranta 10-21-99 (212) 4255775

Date

Daytime Phone #

AD