

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -2 AM 9: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name : *Prato Verde, INC*

Document #: *F 98000005811*

2. Principal Office Address

8700 Collins Ave

Suite, Apt. #, etc.

1st level

City & State

Bal Harbour, FL

Zip

33154

Country

MIAMI - Dade

3. Mailing Office Address

200 Madison AVE

Suite, Apt. #, etc.

21st Floor

City & State

New York, NY

Zip

10016

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/22/1983

5. FEI Number

13-3189269

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

05-06

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

32301-2525

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

Sue G. Knight

**Sue G. Knight
as its agent**

Date *12-11-2006*

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
<i>P/D</i>	<i>Laura Manelli</i>	<i>200 Madison AVE. 21st FL</i>	<i>New York, NY. 10016</i>
<i>D</i>	<i>Robert Lorenzini</i>	<i>200 Madison AVE. 21st FL</i>	<i>New York, NY 10016</i>
<i>D</i>	<i>Daniele Ballastrazzi</i>	<i>200 Madison AVE. 21st FL</i>	<i>New York, NY 10016</i>
<i>T/S</i>	<i>Jean Robert Kuhn</i>	<i>171 State ST</i>	<i>Brooklyn, NY 11201</i>
	<i>1213</i>		

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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

Date

12/22/06

Daytime Phone #