

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Ham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN -8 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K13395

1. Corporation Name

BIACHI, INC.

Principal Place of Business

1063 E. 23RD. ST.
HALEAH FL 33013

Mailing Address

1063 E. 23RD. ST.
HALEAH FL 33013



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

REINSTATEMENT AD 118

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1988

5. FEI Number

65-0029398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
V	DAVID, CLAUDIA DELETE	7400 S.W. 104TH ST.	MIAMI FL 33158
P	AMOLDONI, ERNESTO	28 FONSECA AVE.	CORAL GABLES FL 33134
V	AMOLDONI, ERNESTO		
S	AMOLDONI, ERNESTO		
T	AMOLDONI, ERNESTO		

8. Name and Address of Current Registered Agent

~~DAVID, CLAUDIA~~
~~7400 S.W. 104TH ST.~~
~~MIAMI FL 33158~~

CHANGE

9. Name and Address of New Registered Agent

Name

ERNESTO AMOLDONI

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

6901 Edgewater Dr. Apt. 320

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33133

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 11-14-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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] ERNESTO AMOLDONI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-97 (305) 6914988
Date Daytime Phone #