

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR **95-97**
REINSTATEMENT



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

APPROVED
AND
FILED

97 JAN 22 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L61745**

1. Corporation Name
RENO OF AMERICA, INC.

Principal Place of Business Mailing Address
**1323 South 30th Avenue,
Hollywood, Florida 33019**

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 Address, If Applicable 314 North 31 Road		4. Date Incorporated or Qualified To Do Business in Florida 2-21-1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0182086	
City & State		City & State Hollywood,		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See 75-101 for information required for a Certificate of Status</small>	
		33021	USA		

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
Pres	Nazzareno Piesco	314 N. 31 Rd.,	Hollywood, Florida 33021
VP	Maurizio Piesco	same	
VP	Giuseppe Piesco	same	
VP	Alessandro Piesco	same	
VP	Antonio Piesco	same	

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A. Alaw
1/22/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Angelo Piesco
314 North 31 Road
Hollywood, Florida 33021

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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 *Angelo Piesco* Date **1-21-97**
Angelo Piesco REGISTERED AGENT MUST SIGN

11a Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: *Maurizio Piesco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-21-97** Daytime Phone # **954-981-1684**