

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 / 82

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -1 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Italcambio Int'l Company

659 L54913

2. Principal Office Address

Concourse

Suite, Apt. #, etc.

410

City & State

Bay Harbor Islands

Zip

Florida

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 22-24

200031699332

04/01/04--01/04/04 ***450.00

4. Date Incorporated or Qualified
To Do Business in Florida

03-06-1990

5. FEI Number

650191742

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Milagros Paez

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

1111 Kane Concourse # 410

Suite, Apt. #, Etc.

City

Bay Harbor Islands T

State

FL

Zip Code

33154

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

Date

03/25/04

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
P	Pizzorni Franco	5010 North Bay Road	Miami Beach 33140
VP	Pizzorni Alejandro	4760 North Bay Road	Miami Beach 33140
S	Pizzorni Gabriella	9559 Collins Av # 1102	Surf Side FL 33154
D	Pizzorni Giuseppina	9559 Collins Av # 1101	Surf Side FL 33154

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 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:

Gabriella Pizzorni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/04

Date

305 861-9086

Daytime Phone #

CR2E081 (01/04)

17 2022

Italcambio International Company
1111 Kane Concourse # 410
Bay Harbor Islands Fl 33154
Phone 861-9086
Fax 305-865-4515

March 25, 2004

Florida Department of State
Division of State
Tallahassee FL 32399

To Whom It May Concern:

Dear Sir,

I would like to request to reinstate the following company (italcambio Int. Company)
Our company since 2002 did not receive the annual report renews note .attached you will
find the applications form and the check for reference fee.

Best Regards,

Milagros Paez
Register Agent