L96000001005

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

FILED

97 NOV 21 AM 11:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L96000001005

Azienda Agricola Olivetino USA, L.C.
c/o Franco Stanzione
1915 Brickell Avenue Apt. C-908
Miami, FL 33129

10/17/97

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

1a. Principal Place of Business Address

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

3. Date Organized or Qualified: 9/24/96

3a. State of Formation: FL

4. FEI Number: 65-0716989 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: N/A

6. Certificate of Status Desired $8.75 Additional Fee Required [XX]

7. Name and Address of Current Registered Agent

Franco Stanzione
1915 Brickell Avenue Apt. C-908
Miami, FL 33129

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City | Zip Code
FL

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [signature] Date 11/20/97

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MM	Franco Stanzione	1915 Brickell Avenue Apt. C-908	Miami FL 33129

PRINCIPAL - 500.00
MR - 100.00
MR SUPP. - 103.75
COS - 8.75
$ 712.50

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****712.50 ****712.50

REINSTATEMENT 1997

MR COS

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager [signature] Date 11/20/97 Daytime Phone # (305) 740-8195

Typed or printed name of signing Managing Member/Manager: Franco Stanzione