

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR -8 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M00840

1. Corporation Name

NOSSA & PILONIETA, INC.

2. Principal Office Address

10932 SW 153 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33196

Country

U.S.A

3. Mailing Office Address

10932 SW 153 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33196

Country

U.S.A

500005315275--2

-04/22/02--01120--006

****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-251-3550

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

CARMEN LUCIA PILONIETA

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

10932 SW 153 AVE

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33196

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 Carmen Lucia Pilonieta

Date 3/28/02

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
D	CARMEN LUCIA PILONIETA	10932 SW 153 AVE	MIAMI FL 33196
D	FERNANDO PILONIETA	10932 SW 153 AVE	MIAMI FL 33196

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

305-386-4204

Daytime Phone #

CR2E081 (9/01)

NOSSA & PILONIETA, INC.
10932 S.W. 153RD AVENUE
MIAMI, FLORIDA 33196

March 4th, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

RE: *Nossa & Pilonieta, Inc.*
Document #M00840
2002 Uniform Business Report

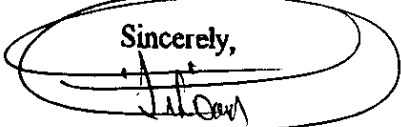
Gentlemen:

Enclosed find our 2002 Uniform Business Report and our \$300.00 check to cover the 2001 & 2002 filing fees.

Please be advised that it is the policy of our company to pay all bills upon receipt. Consequently if this has not been paid we undoubtedly never received it.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,


Mr. Fernando Pilonieta
Director

the P.O.Box was closed.

I am Resent. this as per

"Mitchell" phone conversation on
3/29/02

Thanks for your help.

Fernando