

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M32104

1. Corporation Name

Societa Brescia Corporation
P.O.Box 491164
Miami, FL 33149-7164

2. Principal Office Address

150 South Federal Highway

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

Palm Beach

3. Mailing Office Address

PO Box 491164

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33149-1164

Country

Miam-Dade

FILED
05 DEC 16 PM 3:06
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081(8705) DEC 20 2005

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/15/1986

5. FEI Number

59-2729375

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

Morella Valentini

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

177 Ocean Lane Drive

Suite, Apt. #, Etc.

408

City

Key Biscayne

State

FL

Zip Code

33149

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

[Signature]

Date

12/14/05

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
PD	Valentini, Morella	177 Ocean Drive (#408)	Key Biscayne, FL 33149
D	Valentini, Barbara	177 Ocean Drive (#408)	Key Biscayne, FL 33149

000062224260
12/16/05--01024--017 **750.00

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

Date

12/14/05

Daytime Phone #