

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01 MAY 17 AM 10:09

DOCUMENT # N99000007534

**1. Corporation Name**

COMITES 2000, INC.

**2. Principal Office Address**

1200 BRICKELL AVE

Suite, Apt. #, etc. C/O ITALIAN CONSULATE

7TH FLOOR

**City & State**

MIAMI, FL.

**Zip**

33131

**Country**

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**REINSTATEMENT**

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

SP

**5. FEI Number**

☒ 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**

DEGL'INNOCENTI ROBERTO

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

3043 MARY STREET.

**Suite, Apt. #, Etc.**

**City**

MIAMI

**State**

FL

**Zip Code**

33133

**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]*

ROBERTO DEGL'INNOCENTI

REGISTERED AGENT MUST SIGN

Date 5-7-01

**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	CRISTIANO MARINARI	300 ARAGON AVE STE 330 CORAL GABLES, FL. 33134	
VP	FRANK DI ROCCO	4954 SW 76TH STREET. MIAMI FL. 33143	
S	ROBERTO DEGL'INNOCENTI	3043 MARY STREET. MIAMI, FL. 33133	
D	CELSARE SASSI	2555 COLLINS AV. C9 MIAMI BEACH, 33140	
DA	ILARIA BELLONI	6721 RIVIERA DR. CORAL GABLES, FL. 33146	
D	IVONNE ZANI	3406 HEATHER TERR. FT. LAUDERDALE FL. 33319	

**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]*

CRISTIANO MARINARI

MAY 9, 2001

305 5670629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (2/00)

Form **SS-4**(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

**1** Name of applicant (legal name) (see instructions)COMITES 2000, INC**2** Trade name of business (if different from name on line 1)**3** Executor, trustee, "care of" name**4a** Mailing address (street address) (room, apt., or suite no.)1200 BRICKELL AVE 7TH FLOOR**5a** Business address (if different from address on lines 4a and 4b)**4b** City, state, and ZIP codeMIAMI FL. 33131**5b** City, state, and ZIP code**6** County and state where principal business is locatedDADE**7** Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►CRISTIANO MARINARI SSN 592 29 1487**8a** Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☒ Other nonprofit organization (specify) ► CULTURAL (enter GEN if applicable)☐ Other (specify) ►☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ►☐ Trust☐ Federal government/military**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State

FL

Foreign country

**9** Reason for applying (Check only one box.) (see instructions)☒ Started new business (specify type) ► NON PROFIT CULTURAL ORGANIZATION☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►**10** Date business started or acquired (month, day, year) (see instructions)12/22/99**11** Closing month of accounting year (see instructions)12/31**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . .**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . .

Nonagricultural

Agricultural

Household

**14** Principal activity (see instructions) ►**15** Is the principal business activity manufacturing? . . . . .  
If "Yes," principal product and raw material used ►☐ Yes☒ No**16** To whom are most of the products or services sold? Please check one box.☐ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☐ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . .☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► Trade name ►**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(305) 567 0629

Fax telephone number (include area code)

(305) 567 0605Name and title (Please type or print clearly.) ► CRISTIANO MARINARI (PRESIDENT)

Signature ►

Date ► APRIL 26, 2001

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying