

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000014546

1. Corporation Name

Bottega Fiorentina, Inc.

Principal Place of Business

4215 Cherrywood Court  
Weston, FL 33331

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4215 Cherrywood Court

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Zip

33331

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/10/00

5. FEI Number

65-1017430.

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Sandra Correa	4215 Cherrywood Court	Weston, FL 33331
VP	Adriana Cely	4215 Cherrywood Court	Weston, FL 33331
Treasurer	Giovanni Cherubini	4215 Cherrywood Court	Weston, FL 33331

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Adriana Cely

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

4215 Cherrywood Ct

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33331

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Sandra Correa

REGISTERED AGENT MUST SIGN

Adriana Cely

Date 07/24/03

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

Sandra Correa President

07-24-03

754-246-9485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/98)