

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 AUG 30 AM 11:24

SECRET  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

P00000057560

NUTHOUSE INVESTMENTS OF FLORIDA INC

2. Principal Office Address

6681 NW 107TH CT

3. Mailing Office Address

6681 NW 107TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DORAL, FL

City & State

DORAL, FL

Zip

33178

Country

US

Zip

33178

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

06-14-00

5. FEI Number

20-3345659

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

RAY PEREZ & ASSOCIATES PA

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

13935 NW 1st Ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33168

000059027210

08/26/05--01047--001 \*\*\$600.00

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

Date 08/23/05

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
P	VITTORIO CECCARELLO	6681 NW 107TH CT	DORAL, FL 33178
VP	SILVIA P SCHWARZ LEMBECKE	6681 NW 107TH CT	DORAL, FL 33178

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)(l), 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

08/23/05

Date

305-331-3016

Daytime Phone #

CR2E081 (01/05)

2057

August 23<sup>rd</sup> 2005

State of Florida Div of Corp  
P.O Box 6327  
Tallahassee, Fl. 32314

RE: P00000057560  
Nuthouse Investments of Florida, Inc.

To Whom It May Concern:

Attached please find a reinstatement form for the above mentioned corporation, we have never received a renewal form from your office and we just found out that the corporation is dissolved. Enclosed please also find a check for \$600.00 to cover the reinstatement fee.

Please update your records accordingly. Your prompt attention to this matter is greatly appreciated.

Yours truly,



Vittorio Ceccarello  
President