

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REMOTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 5: 29

SEGRETARY OF STATE TALLAHASSEE, FLORIDA



## DOCUMENT # P00000059333

1. Corporation Name

GIORGIO FEGALI'S CREATIONS, INC

2. Principal Office Address 13499 Biscayne Blvd Suite, Apt. #, etc.		3. Mailing Office Address 13499 Biscayne Blvd		2001-2002 DI		
		Suite, Apt. #, etc.		2001-202		
# 1101		# 1101		4. Date Incorporated or Qualified To Do Business in Florida June 19, 2000		
City & State		City & State				
North M	/liami	North Miam	i	-5FEI-Number Applied For - 65-1018696 Not Applicable		
Zip	Country	Zip	Country			
33181	Miami-Dade	33181	Miami-Dade	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
		<b>7.</b> Nam	e and Address of Current Reg	istered Agent		
	Name Cesar Feghali					
	Street Address (P.O. Box Number is Not Acceptable) 13499 Biscayne Blvd					
	Suite, Apt. #, Etc. # 1101					
	City North Miami			State Zip Code 33181		

ignature of egistered A	Agent	D AGENT MUST SIGN	10/10/2002 Date
Names	and Street Addresses of Each Officer and/or Directo	or (Florida nonprofit corporations must list at least 3 directors	i)
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Р	Georgi Kaissar Feghali	13499 Biscayne blvd 1101	North Miami, FL 33181
VP	Cesar G. Feghali	13499_Biscayne blvd_1101	North Miami, EL 33181
Т	Dany G. Feghali	13499 Biscayne blvd 1101	North Miami, FL 33181
s	Rody G. Feghali	13499 Biscayne blvd 1101	North Miami, FL 33181

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 filling 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2002

305-947-4104

Date

Daytime Phone #

CRZEU8 | (9/01)

6×5



## Giorgio Fegali's Creations

October 10, 2002

Reinstatement Department
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir,

We registered our company on June 19, 2000; Giorgio Fegali's Creations, Inc with the Division of Corporation. This is our first experience handling a corporation and we rely completely on notices for renewal, news, tax and other communications from competent agencies to keep up to date. We honestly never received any notice about having to renew the corporation. Please waive whatever late fees there could be for reinstating the company.

Included with this letter you can find the corporation reinstatement form and a check for \$300 for the two pending years.

Should you have any questions or comments, do not hesitate to call me at the office at (305) 753-3293

Thank you for your understanding,

Sincerely,

Cesar Veghali

Director, Vice President.

GIORGIO FEGALI'S CREATIONS, Inc.