

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 26 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000085431.

1. Corporation Name

NOVA OMNI COMPANY INC

900015324659
01/07/03--01/02--001 **1200.00

2. Principal Office Address

137 Golden Isles

3. Mailing Office Address

Suite, Apt. #, etc.

411

Suite, Apt. #, etc.

City & State

Hallandale

City & State

Zip

FL

Country

33009.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09-11-00

5. FEI Number

65-1095480

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

Maria Dolores Amicarelli

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

137 Golden Isles

Suite, Apt. #, Etc.

411 -

City

Hallandale

State

FL

Zip Code

33009

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]

REGISTERED AGENT MUST SIGN

Date

3/12/03.

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
DP	Maria Dolores Amicarelli	Same	
DVP	Mariano J. Amicarelli	-	

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 19.07(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

Date

954 764 0770

Daytime Phone #

CR2E081 (1/02)