

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000085486

1. Corporation Name

Picascayne, Inc.

2. Principal Office Address

1111 Crandon Blvd.

3. Mailing Office Address

1111 Crandon Blvd.

Suite, Apt. #, etc.

APT. A202

Suite, Apt. #, etc.

APT. A202

City & State

Key Biscayne

City & State

Key Biscayne

Zip

33149-2620

Country

USA

Zip

33149-2620

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/00

5. FEI Number

65-1037192

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

Armando C. Chapelli, JR

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

1111 Crandon Blvd.

Suite, Apt. #, Etc.

APT. A202

City

Key Biscayne

State  
FL

Zip Code

33149-2620

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 ☒

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	Armando C. Chapelli, JR	1111 Crandon Blvd. APT A202	Key Biscayne, FL 33149-2620

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 contained in Chapter 119, 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

ARMANDO Chapelli

Date

3/20/06

Daytime Phone #

786-488-3236