

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 12 PM 4:00

DOCUMENT # 000000088704

1. Corporation Name

IL GIARDINO ENTERPRISE CO. INC.

2. Principal Office Address

826 HEATHER LN

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

Zip

33009

Country

USA

3. Mailing Office Address

P. O. BOX

Suite, Apt. #, etc.

City & State

MIAMI - FL

Zip

33280

Country

USA

000005025010--9

-02/28/02--01002--007

****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

9-19-2000

5. FEI Number

65-1045058

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

EDITH A. DE PIERRO

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

826 HEATHER LN

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

Zip Code

33009-6148

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]

Date 2/5/02

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
PRES.	EDITH A. DE PIERRO	826 HEATHER LN	HALLANDALE, FL 33009
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

2/5/02

Daytime Phone #

954-458-3675

CR2E081 (9/01)