PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -8 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

000005574760--4
-05/20/02--01063--001
****300.00 ****300.00

DOCUMENT # P00000109704

1. Corporation Name

AZZURRI COLLECTION, INC.

2. Principal Office Address	**3.** Mailing Office Address
9454 HARDING AVE	9454 HARDING AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Surfside FL	City & State: Surfside FL
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-111467 — 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: Salvatore Piccionello

Street Address (P.O. Box Number is Not Acceptable): 9454 HARDING AVE

Suite, Apt. #, Etc.: Surfside FL

City: | State: FL | Zip Code: 33154

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: Piccionello Salvatore Date: 2/22/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	SALVATORE PICCIONELLO	9454 HARDING AVE Surfside FL	Surfside FL 33154
VP	Estella PICCIONELLO	9454 HARDING AVE	Surfside, FL 33154
Sec	MARCO PICCIONELLO	9454 HARDING AVE	Surfside FL 33154

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)(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: Piccionello Salvatore 2/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #