

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000117383**

1. Corporation Name

AGOSTINO ANTIQUES, INC.

Principal Place of Business

1855 GRIFFIN ROAD #C312
DANIA BEACH FL 33004

Mailing Address

1855 GRIFFIN ROAD #C312
DANIA BEACH FL 33004

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TRUPIANO, SAL	808 BROADWAY	NEW YORK NY 10003
V	Carlino, Marie	979 Third Ave	NY NY 10022
S	Trupiano, Louis	808 BROADWAY	NY NY 10003
			300004745753--3 -12/31/01--01103--014 ****150.00 ****750.00
			R 12/28

8. Name and Address of Current Registered Agent

GERTZ, CHRISTOPHER J
3696 N. Federal Highway, Suite 300
Ft. Lauderdale, FL 33308

9. Name and Address of New Registered Agent

Name **CARLINO MARIE**
Street Address (P.O. Box Number is Not Acceptable)
16 Agostino Antiques Inc
Suite, Apt. #, Etc.
979 THIRD AVE SFE 1502
City **NEW YORK** State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **12-17-01**

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/17/01

212 421 8820

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 19 AM 11:17



REINSTATEMENT

CR2040 (8/01)