PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 APR 29 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007564

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****150.00 ****150.00

1. Corporation Name

MILANO USA, CORP.

2. Principal Office Address	**3.** Mailing Office Address
16140 South Post Rd.	16140 South Post Rd.
Suite, Apt. #, etc. APT. # 304	Suite, Apt. #, etc. APT. # 304
City & State WESTON FL	City & State WESTON FL
Zip 33331 Country BROWARD	Zip 33331 Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida 02/16/2001

5. FEI Number 65107 3016 ☐ 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: CLARA I. GRASS

Street Address (P.O. Box Number is Not Acceptable): 16140 South Post Rd #304

Suite, Apt. #, Etc.: APT. 304

City: WESTON | State: FL | Zip Code: 33331

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 ✓ Clara Inés Grass — Date 04-26-02
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
PD	CLARA I. GRASS.	16140 South Post Rd #304	WESTON FL 33331

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: ✓ Clara Inés Grass. — 04-26-02 — 954 385 3461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/4/02