

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN 25 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800116033238
01/25/08--01003--022 **1650.00

REINSTATEMENT
CR2E081 (12/07) 0208

DOCUMENT #

1. Corporation Name

P01—27219
Piantini & Associates, P.A.

2. Principal Office Address - No P.O. Box #

150 Alhambra Circle

Suite, Apt. #, etc.

Suite 725

City & State

Coral Gables, Florida

Zip

33134

Country

USA

3. Mailing Office Address

150 Alhambra Circle

Suite, Apt. #, etc.

Suite 725

City & State

Coral Gables, Florida

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2001

5. FEI Number

11-3653670

☐ 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

Albert J Piantini

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

150 Alhambra Circle

Suite, Apt. #, Etc.

Suite 725

City

Coral Gables, Florida

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 01/22/08

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
PVST	Albert J Piantini	150 Alhambra Circle, Suite 725	Coral Gables, Florida 33134

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

ALBERT J. PIANTINI, PRES.

01/22/2008

305-854-8666

Date

Daytime Phone #

Mitchell

JAN 25 2008