

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000049661

1. Entity Name
SEDUZIONE, INC.



Principal Place of Business
**630 S PARK RD 3-35
HOLLYWOOD, FL 33021**

Mailing Address
**630 S PARK RD 3-35
HOLLYWOOD, FL 33021**

FILED

07 OCT 16 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10092007

REIN-P

CR2E098 (1/07)

4. FEI Number

65-1119166

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, BEHAR & ASSOCIATES, PA
13935 NW 1ST AVE.
MIAMI, FL 33168**

7. Name and Address of New Registered Agent

Name **PAOLO PALERMO**

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

630 S. PARK RD 3-35

City **HOLLYWOOD**

FL

Zip Code **33021**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

PAOLO PALERMO

PVD

10-10-2007

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PVD** ☐ Delete
NAME **PALERMO, PAOLO**
STREET ADDRESS **19604 E. COUNTRY CLUB DR.**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **STD** ☐ Delete
NAME **EVERY-CLAYTON, NOREEN**
STREET ADDRESS **19604 E. COUNTRY CLUB DR.**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVD** ☒ Change ☐ Addition
NAME **PALERMO, PAOLO**
STREET ADDRESS **630 S. PARK RD 3-35**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **STD** ☒ Change ☐ Addition
NAME **EVERY-CLAYTON, NOREEN**
STREET ADDRESS **630 S. PARK RD 3-35**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAOLO PALERMO

PVD

10-10-2007 (954) 967 0323

Date

Daytime Phone #