

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 30 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000061508

1. Corporation Name

CONTE DON INTRANOVA VINI D'ITALIA CO. INC.

2. Principal Office Address

204 NE. 33 ST.

3. Mailing Office Address

204 NE. 33 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAKLAND PARK FLORIDA

City & State

OAKLAND PARK FLORIDA

Zip

33334

Country

USA

Zip

33334

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 20, 2001

5. FEI Number

582641214

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

DONATO INTRANOVA

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

204 NE. 33 ST.

Suite, Apt. #, Etc.

City

OAKLAND PARK

State

FL

Zip Code

33334

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12.26.2002

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
P	DONATO INTRANOVA	204 NE. 33 STREET	OAKLAND PARK FL 33334

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.26.02

Date

954-5407914

Daytime Phone #

CR2E081 (9/01)

2/13

CONTE DON INTRANOVA®



VINI D' ITALIA

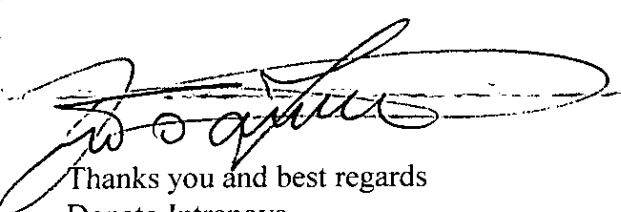
December, 26 2002

Att. Corporation Reinstatement

Please find attached our Corporation Reinstatement form with a check of \$ 150.00.

Please note that we have change our location on April 2002 from Pompano Beach to Oakland Park and probably this is the reason that we never received the form or the request from your department to send the annual fee.

We are very sorry for this inconvenient and we hope you will consider the fact that we are new in the business and we didn't know that we had to paid the annual fee into may.



Thanks you and best regards
Donato Intranova

DISTRIBUTOR/WHOLESALE
204 NE 33RD STREET
OAKLAND PARK, FLORIDA 33334
PHONE# 954-568-0077 FAX# 954-568-6445