## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith **₽OR** FILED Secretary of State REINSTATEME DIVISION OF CORPORATIONS 02 NOV 13 PM 3:39 P01000076364 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA AZZURRA INTERNATIONAL, INC. Principal Place of Business Mailing Address 2544 VAN BUREN STREET 2544 VAN BUREN STREET SUITE 102 SUITE 102 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 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 Date Incorporated or Qualified To Do Business in Florida 720 HARRISON ST. SAME 08/03/2001 Suite, Apt. #, etc. 5. FEI Number Applied For LLYW00D City & State 66-1127472 Not Applicable Country Zip Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director **PSTD** FALCONE-MCKEVITT, CRISTINA 2544 VAN BUREN STREET SUITE 102 HOLLYWOOD FL 33020 300008970143 11/13/12--01055--021 \*\*15 \*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent FERNAN D SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable 1840 SOUTHWEST 22ND STREET 1401 4TH FLOOR Suite, Apt. #, Etc **MIAMI FL 33145** Zip Code 40114 WOO 33030 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. or 617.0505, F.S. Signature of Registered Agen REGIS ERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receive 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02 954.342.8000

Daytime Phone #

Please, reinstate an ecoporation and accept the enrucit fees affect that.

## **AZZURRA INTERNATIONAL**

I never ratelised any rudice unfortunately was the most

October 31, 2002

Florida Department of State
Mr. Jim Smith
Secretary of State
Division of Corporation

Dear Sir:

This is to request the abatement of the reinstatement fees for Azzurra International.

We moved to a new location at 1720 Harrison Street, Suite 1725, Hollywood, FL 33020.

I never received any notice unfortunately via the mail.

Please, reinstate my corporation and accept the annual fees albeit late

Sincerely,

Cristina Falcone-McKevitt