

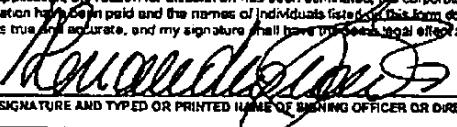
To: '+1 (850) 205-0384'
Subject:

From: Patricia Tadlock

Monday, June 20, 2005 3:22 PM Page: 2 of 2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000110681			
1. Corporation Name COMACCHIO U.S.A. CORP.			
2. Principal Office Address 169 East Flagler Street Suite, Apt. #, etc. Suite 1436 City & State Miami, Florida Zip 33131 Country USA		3. Mailing Office Address 169 East Flagler Street Suite, Apt. #, etc. Suite 1436 City & State Miami, Florida Zip 33131 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 11/20/2001	
		5. FEI Number 02-0534255	
		6. CERTIFICATE OF STATUS DESIRED ☒ 50.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Lisa Lehner, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 169 East Flagler Street			
Suite, Apt. #, Etc. Suite 1422			
City Miami		State FL	Zip Code 33131
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 		Date June 20, 2005	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Alessandro Viotto	160 East Flagler Street, Suite 1436	Miami, Florida 33131
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: 		Date 06/20/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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T. Roberts JUN 20 2005

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**Florida Department of State
Division of Corporations
Public Access System**

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

0650.39327

CORPORATION REINSTATEMENT

COMACCHIO U.S.A. CORP.

Certificate of Status	1
Certified Copy	0
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