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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 20 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-05

DOCUMENT # P01000110681

1. Corporation Name
COMACCHIO U.S.A. CORP.

2. Principal Office Address		3. Mailing Office Address	
169 East Flagler Street		169 East Flagler Street	
Suite Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1436		Suite 1436	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/20/2001

5. FEI Number: 02-0534255 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $52.50 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: [signature] REGISTERED AGENT MUST SIGN Date: June 20, 2005

CR2E031 (11/05)

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
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: [signature] 06/20/2005 305/5865101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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T. Roberts JUN 20

Florida Department of State
Division of Corporations
Public Access System

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

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
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0650.39327

CORPORATION REINSTATEMENT

COMACCHIO U.S.A. CORP.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,058.75

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