

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P02000011526

**1. Corporation Name**

ANTIQUA, INC.

**2. Principal Office Address**

3300 N.E. 2nd Ave.

Suite, Apt. #, etc.

**3. Mailing Office Address**

3300 N.E. 2nd Ave.

Suite, Apt. #, etc.

**City & State**

Miami Florida

**City & State**

Miami, Florida

**Zip**

33137

**Country**

USA

**Zip**

33137

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/01/2002

**5. FEI Number**

04-3594193

**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**

Danceny Reyes

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

3300 N.E. 2nd Ave.

**Suite, Apt. #, Etc.**

**City**

Miami

**State**  
FL

**Zip Code**

33137

**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**

REGISTERED AGENT MUST SIGN

**Date**

4/16/04

**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
Pres.	Donatella Sciorio (D)	3300 N.E. 2nd Ave.	Miami, Fl. 33137

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

Date

305-458-7134

Daytime Phone #

FILED

04 APR 23 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

300033566793  
04/22/04--01053--011 \*\*300.00

CP2ED01 (01/04)

# *Antiqua, Inc.*

April 16, 2004

Florida Department of State  
Secretary of State  
Division of Corporations

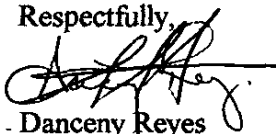
Re: corporation reinstatement

To whom it may concern:

Please find attached our application for reinstatement for Antiqua, Inc. As I spoke to one of your service representatives, we never received the application for renewal for the 2003 year. Your service representative confirmed that the form was returned to your office by the post office. Enclosed please find the \$300.00 check requested by your representative in order to reinstate the corporation.

If you should have any questions please contact us at your earliest convenience.

Respectfully,



Danceney Reyes  
Vice President  
Antiqua, Inc.