

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102 5/7/04 01018 004 *150.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 18 AM 8:00

DOCUMENT # P02000017324

1. Corporation Name
BUGLIOTTI CORP

770 CLAUGHTON ISLAND DR

2. Principal Office Address
770 CLAUGHTON ISLAND DR

3. Mailing Office Address

Suite, Apt. #, etc.
PH30

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33131

Country
USA

Zip

Country

REINSTATEMENT 03-04
5/5/03 90263 043 *150.00

**4. Date Incorporated or Qualified
To Do Business in Florida** 2/14/02

5. FEI Number
41-2040130

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
LUIS MONACO

Street Address (P.O. Box Number is Not Acceptable)
770 CLAUGHTON ISLAND DR

Suite, Apt. #, Etc.
PH30

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**

Luis Monaco

Date 6/9/04

REGISTERED AGENT MUST SIGN

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
D	LUIS MONACO	770 CLAUGHTON ISLAND DR PH30	MIAMI, FL 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:

Luis Monaco

Date 6/9/04

305-351-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

282

June 9, 2004

Florida Department of State Division of Corporation
Uniform Business Report
P.O. Box 6327
Tallahassee, FL 32314

Re: Bugliotti Corp.
EIN 41-2040130
Document # P02000017324

Dear Mrs. Dunap:

As per your office directions, I am enclosing the 2004 Uniform Business Report and the Reinstatement form. The Uniform Business Report for 2003 was rejected, but we never received the rejection letter. Please be advised that your office received the annual fee for 2003 and 2004.

If you have any questions please contact Carolina Henao at (305) 446-3177.

Thank you in advance,



Luis Monaco