

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 17 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000044929

**1. Corporation Name**

LORENZELLI ARTE USA, INC.

**2. Principal Office Address**

83 Catalonia Ave.

Suite, Apt. #, etc.

2nd Floor

City & State

Coral Gables, Florida

Zip

33134

Country

USA

**3. Mailing Office Address**

283 Catalonia Ave.

Suite, Apt. #, etc.

2nd Floor

City & State

Coral Gables, Florida

Zip

33134

Country

USA

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

04/24/2002

**5. FEI Number**

90-0009504

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

Miami Corporate Systems, Inc.

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

283 Catalonia Avenue

Suite, Apt. #, Etc.

Second Floor

City

Coral Gables

State

FL

Zip Code

33134

**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 10/30/03

**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	LORENZELLI, MAURO	283 Catalonia Ave., 2nd Floor	Coral Gables, Fl 33134

**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

Date

10/30/03

Daytime Phone #

CR2E081 (10/02)

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**RASCO REININGER PEREZ & ESQUENAZI, P.L.**  
**ATTORNEYS & COUNSELORS AT LAW**

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José Manuel Pallí  
Of counsel

\*Board Certified-Business Litigation

October 31, 2003

**Via Certified Mail**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 30314

Re: **Corporation Reinstatement**  
**LORENZELLI ARTE USA, INC. (the "Corporation")**  
**Document # P02000044929**

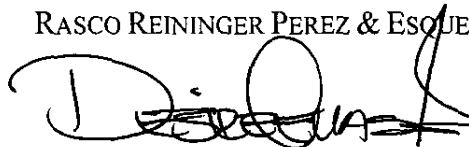
Dear Sir or Madam:

Enclosed please find a Corporation Reinstatement application for the above-referenced Corporation. Further enclosed is a check in the amount of \$150.00, which amount represents the reinstatement fee. Please be advised that the 2003 Annual Business Reports was never received, therefore, we respectfully request for a waiver of the penalty fee.

Thank you for your prompt attention to this matter. Please do not hesitate to contact me should you have any further questions.

Very truly yours,

RASCO REININGER PEREZ & ESQUENAZI, P.L.



Desiree M. Cuason  
For the Firm