

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2005 SEP 15 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000079765

1. Corporation Name

FRANCESCA ROMANA INC.

600080025726  
09/21/06--01022--001 \*\*1050.00

CR2E081 (12/05)

2. Principal Office Address  
1643 Brickell Avenue

3. Mailing Office Address  
1643 Brickell Avenue

Suite, Apt. #, etc.  
#4301

Suite, Apt. #, etc.  
#4301

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip  
33129

Country

Zip  
33129

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEIN Number  
52-2371008

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  
BRUNO GAGLIANI

Street Address (P.O. Box Number is Not Acceptable)  
1643 Brickell Avenue

Suite, Apt. #, Etc.  
#4301

City  
Miami

State  
FL

Zip Code  
33129

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 7-21-06

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
P/D	Noreen Gagliani	1643 Brickell Avenue	Miami, Florida 33129
		#4301	
V/D	Bruno Gagliani	1643 Brickell Avenue	Miami, Florida 3329
		#4301	

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 contained in Chapter 119, 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 SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-06

Date

305 285-5347

Daytime Phone #