

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR -2 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **P02000081259**
Cella Investment, Inc.

2. Principal Office Address

13900 SW 79th Street

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33183

Country

Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

5. FEI Number

02-0676391

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Domenico Cella

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

13900SW 79th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

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 of Domenico Cella]

REGISTERED AGENT MUST SIGN

Date

3-1-05

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
PD	Domenico Cella	13900SW 79th Street	Miami, Fl 33183
STD	Caridad Cella	13900 SW 79 th Street	Miami, Fl 33183

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 of Domenico Cella]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-05

Daytime Phone #

CR2E01 (9/01)

Brito & Brito Accounting
407 Lincoln Road, Suite 500
Miami Beach, Fl 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534
britogeorge@aol.com/britoandbrito@aol.com

February 28, 2005

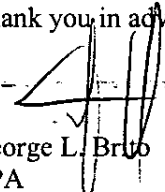
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Document #P02000081259

To Whom It May Concern:

We would like to have Cella Investments, Inc. reinstated. Sorry for the inconvenience as we never received the Annual Report. Please accept payment of \$300.00.

Thank you in advance.


George L. Brito
CPA