
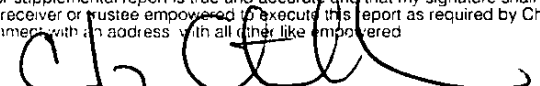


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000052553						
1. Entity Name F.LLI. CIOLI CORP.						
Principal Place of Business 250 CATALONIA AVE., SUITE 305 CORAL GABLES, FL 33134			Mailing Address 250 CATALONIA AVE., SUITE 305 CORAL GABLES, FL 33134			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD CIOLI, ROBERTO <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	250 CATALONIA AVE., SUITE 305			NAME	500058845855	
STREET ADDRESS	CORAL GABLES, FL 33134			STREET ADDRESS	08/22/05--01055--004 **\$300.00	
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	V CIOLI, GIANLUCA <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	250 CATALONIA AVE., SUITE 305			NAME		
STREET ADDRESS	CORAL GABLES, FL 33134			STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	V CIOLI, FABIO <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	250 CATALONIA AVE., SUITE 305			NAME		
STREET ADDRESS	CORAL GABLES, FL 33134			STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	S CHIALASTRI, CARLOS G <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	250 CATALONIA AVE., SUITE 305			NAME		
STREET ADDRESS	CORAL GABLES, FL 33134			STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address with all other like empowered.						
SIGNATURE: 				8/18/2005 305-441-0040		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		

05 SEP 12 PM 4:18

SEC. OF STATE
TALLAHASSEE, FLORIDA

04-05



08182005 REIN-P CR2E098 (6/04)

4. FEI Number **22-3876017** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #