

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000089798

1. Corporation Name

Broadway Investors, Inc.

2. Principal Office Address Via Luigi Calza 3	3. Mailing Office Address Trolley Square		
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 26C		
City & State Rome	City & State Wilmington, DE		
Zip 00123	County Italy	Zip 19806	Country USA

CR20001 (4/2/05)

4. Date Incorporated or Qualified To Do Business in Florida	06/09/04
5. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

7. Name and Address of Current Registered Agent			
Name Marc Launer			
Street Address (P.O. Box Number is Not Acceptable) 333 Las Olas Way			
Suite, Apt. #, Etc.			
City Fort Lauderdale		State FL	Zip Code 33301

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 Marc Launer

Date 11/28/2004

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
Dir	Roland Voller	Via Luigi Calza 3	00123 Rome, Italy
Dir	Catalina Brinzea	Via Luigi Calza 3	00123 Rome, Italy
			001232287020
			12/05/06-01023-019 *100.00
			900.00

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

539-06-97601862  
78-3481319273