

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.

FILED

06 DEC -5 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

Via Luigi Calza 3

Suite, Apt. #, etc.

City & State

Rome

Zip

00123

Country

Italy

3. Mailing Office Address

Trolley Square

Suite, Apt. #, etc.

Suite 26C

City & State

Wilmington, DE

Zip

19806

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 06/09/04

5. FEI Number

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

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

REGISTERED AGENT MUST SIGN

Date

11/28/2009

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

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:

Catalina Brinzea 20/11/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

439-06-97601862
98-9481319273

Daytime Phone # 275