

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000022937

1. Corporation Name

ILIO ULIVI, INC.

2. Principal Office Address - No P.O. Box #

430 Grand Bay Drive

Suite, Apt. #, etc.

Apt. 1401

City & State

Key Biscayne, Florida

Zip

33149

Country

USA

3. Mailing Office Address

430 Grand Bay Drive

Suite, Apt. #, etc.

Apt. 1401

City & State

Key Biscayne, Florida

Zip

33149

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/05

5. FEI Number

20-2395153

☐ 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

Jeffrey S. Wachs, Esq.

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

1177 S.W. 3rd Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jeffrey S. Wachs

REGISTERED AGENT MUST SIGN

Date 10-1-07

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
DPT	Irene Ulivi	430 Grand Bay Drive, #1401	Key Biscayne, FL 33149
DVS	Federico Ulivi	430 Grand Bay Drive, #1401	Key Biscayne, FL 33149
DV	Alejandro Ulivi	430 Grand Bay Drive, #1401	Key Biscayne, FL 33149
DV	Ulio Ulivi	430 Grand Bay Drive, #1401	Key Biscayne, FL 33149

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:

Irene Ulivi

Irene Ulivi

10/1/07

305-794-2666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #