


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000161646	
1. Entity Name MICALI & ASSOCIATES, INC.	

FILED  
07 OCT -5 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business COZUMEL 803 - 960 CAPE MARCO DR MARCO ISLAND, FL 34145	Mailing Address COZUMEL 803 - 960 CAPE MARCO DR MARCO ISLAND, FL 34145
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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REINSTATEMENT  
08142007 REIN-P CR2E098 (1/07) 06-07

6. Name and Address of Current Registered Agent PASSANTE, ANGELA COZUMEL 803 - 960 CAPE MARCO DR MARCO ISLAND, FL 34145	
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4. FEI Number 20-4006882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Angela Passante</u> <small>Signature, typed or printed name of registered agent, and title if applicable</small>	DATE: <u>8-27-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
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**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PASSANTE, ANGELA COZUMEL 803 - 960 CAPE MARCO DR MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100110524941 10/09/07--01024--012 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PASSANTE, RICHARD 119 BELLEVUE RD HIGHLAND, NY 12528 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>8/10/8</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PASSANTE, MICHAEL COZUMEL 803 - 960 CAPE MARCO DR MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PASSANTE, ALICIA COZUMEL 803 - 960 CAPE MARCO DR MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Angela Passante</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>8-27-07</u> 914-456-7714 <small>Date Daytime Phone #</small>

119 Bellevue Rd.  
Highland, NY 12528

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I am requesting a waiver of the reinstatement penalty as I did not receive any notice dissolving this corporation. Upon talking to your representative, we were informed that the document was mailed to our Florida address and then returned to you.

Since I am temporarily away from the Florida address, please send the Certificate of Status to the following address:

Micali & Associates, Inc.  
Angela Passante  
119 Bellevue Rd.  
Highland, NY 12528

Thank you for your attention to this matter.

Sincerely yours,

*Angela Passante*

Angela Passante

800108824498  
08/30/07--01024--003 \*\*8.75

139 Bellevue Rd.  
Highland, NY 12528

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Micali & Associates, Inc.  
Ref. Number P05000161646

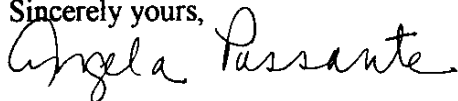
Enclosed please find a check for \$300.00 to reinstate without penalty our corporation.  
Also, I have returned the necessary documents as requested.

In order to assure receiving all correspondences in the future, please address all  
correspondences to:

Micali & Associates, Inc.  
Attn: Angela Passante  
139 Bellevue Rd.  
Highland, NY 12528

Thank-you for your attention to this matter,

Sincerely yours,

A handwritten signature in cursive script that reads "Angela Passante". The signature is written in dark ink and is positioned above the printed name.

Angela Passante