

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 FEB 25 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000112350

1. Corporation Name

Aromi Saponi Italia, Inc.

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

416 Monaco 1

Suite, Apt. #, etc.

City & State

Delray Beach, FL 33446

Zip

33446

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 8/27/06

5. FEI Number
56-2608249

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **7. Additional Fee required
for a Certificate of Status**

☒ 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.

7. Name and Address of Current Registered Agent

Name

Maria Famularo

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

416 Monaco 1

Suite, Apt. #, Etc.

City

Delray Beach,

State
FL

Zip Code
33446

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/16/08

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 |
|--------|--------------------------------------|---|---|
| P | Maria Famularo | 416 Monaco 1 | Delray Beach, FL 33446 |
| S&T | Giacomo Famularo | 416 Monaco 1 | Delray Beach, FL 33446 |
| | RH | | 000118741870 02/25/08--01034--012 **158.75 |
| | REINSTATEMENT | | |

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Maria Famularo

Date

2/16/08

Daytime Phone #

Nini Abbott
Attorney at Law

BAR # 0828874
705 ST. ANDREWS ROAD
HOLLYWOOD, FLORIDA 33021-2918
TEL.: (954) 961-2331
FAX: (954) 961-7432

February 15, 2008

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

Re: Aromi Saporì Italia, Inc.
Doc. Number P06000112350

Dear Karen:

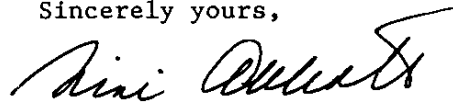
Thank you for your help on the telephone earlier today (with both myself and my husband). At this time, we respectfully request an abatement of reinstatement fees based on the fact that a copy of the 2007 annual report, together with the hand-written FEI number is enclosed.

Two things make this request grantable: One is the enclosed 2007 amended annual report which includes the hand-written EIN number which my husband states that he did, in fact, mail. Two, the State of Florida kept the \$150.00 annual fee, which indicated that they had received this amended report.

Inasmuch as the above is factual, we feel that the abatement should be made.

Again, thank you for your help this morning.

Sincerely yours,



Nini Abbott