

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAR -2 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02252009 REIN-P CR2E098 (1/07)

DOCUMENT # P06000125046 1. Entity Name GIOVANNI'S A/C CO.					
Principal Place of Business 19141 NORTH MIAMI AVE MIAMI, FL 33169			Mailing Address 19141 NORTH MIAMI AVE MIAMI, FL 33169		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 22-3943548 Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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. SPIEGEL & UTRERA, P.A. SIGNATURE BY: <u>NATALIA UTRERA</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>2-27-09</u> NATALIA UTRERA, VICE PRESIDENT					
FILE NOW!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FIGUEROA, GIOVANNI A 19141 NORTH MIAMI AVE MIAMI, FL 33169	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 600144740546 03/02/09--01003--026 ***300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELGADO, ELDA 19141 NORTH MIAMI AVE MIAMI, FL 33169	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> REINSTATEMENT </div> <div style="width: 45%;"> 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. </div> </div>					
SIGNATURE: <u>Giovanni Figueroa</u> Giovanni A. Figueroa, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					