FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010 MAR -4 AM 11:09

TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000115628

900171234739
03/04/10--01008--005 **450.00

CR2E081 (12/08) REINSTATEMENT 08-10

1. Corporation Name
Bolla Investments, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9748 Blue Stone Cir	Same.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, Florida	City & State
Zip: 33913 Country: USA.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10-22-2007

5. FEI Number: 26-1412681 ☐ 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: Loredana Bolla

Street Address (P.O. Box Number is Not Acceptable): 9748 Blue Stone Cir.

Suite, Apt. #, Etc.

City: Ft Myers State: FL Zip Code: 33913

☑ 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 as 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: Loredana Bolla REGISTERED AGENT MUST SIGN Date: 2/28/2010

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	Loredana Bolla	9748 Blue Stone Cir	Fort Myers FL 33913
VP	Bruno Bolla	Same	Fort Myers FL 33913
VP	Claudia Bolla.	Same.	Fort Myers FL 33913
VP	Isabel de Bolla	Same.	
S.	Bruno Bolla.	Same.	

10. I certify that I am an officer or director of 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: Loredana Bolla Loredana Bolla 2/28/2010 239-878-6171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell MAR 04 2010