PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P08000103628 1. Caproration Harne MIAMI TRUFFLE, INC. REINSTATEMENTO 2. Principal Office Address - No P.O. Box # 5.000 Collins Avenue 5600 Collins Avenue 5600 Collins Avenue 5600 Collins Avenue 5000 Collins Avenue 6000 C		PORATI			FLORIDA DEPA Secret DIVISION O	ary of §	State		10 JUN SECRETA	ILED -4 PN 2:50 RY OF STATE	
2. Principal Office Address - No P.O. Box # 5600 Collins Avenue 55000 Collins 511/21/2008 55000 Col											
Suite Apt 4, etc. Suite PH-A Suite PH-A City 4 State Miami Beach Miami Beach 7. Name and Address of Current Registered Agent Name Giovanni Tosi Site Apt 8, etc. Site Beach Site Beach Applied For Acentificate of Status Country 7. Name and Address of Current Registered Agent Name Giovanni Tosi Site Agent Agent Beach Site Beach Site Beach Applied For Acentificate of Status Country 7. Name and Address of Current Registered Agent Name Giovanni Tosi Site Agent Beach Site Beach Registered Agent Registered Agent	MIAMI TRUFFLE, INC. REINSTATEMENT										
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Milami Beach Milami Beach Milami Beach Milami Beach Milami Beach Milami Beach Florida S3140 Florida Gounty 7. Name and Address of Current Registered Agent Name Giovanni Tosi Street Address P.O. Box Number is Not Acceptable) S500 Collins Avenue Sure Apt. F. Etc. Unit PH-A City Milami Beach FL 33140 S. 1. being appointed the registered agent of the row enamed corporation, and tenillar with and accept the obligations of section 607.0505 or 817.0500, F.S. Signature of Registered Agent REGISTERED AGENT MUST SION REGISTERED AGENT MUST SION			١		Suite PH-/			4. Date Incom	porated or Qualified iness in Florida 11/2	1/2008	
Florida 33140 Florida 33140 Series 33140 Florida 33140 Certificate of Status Desired Desired Correct Registered Agent 7. Name and Address of Current Registered Agent Name Giovanni Tosi Street Address (P.O. Box Number is Not Acceptable) 5600 Collins Avenue State 7 Jp Code Miami Beach 8. I, being appointed the equipsered agent of the story enamed corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Address of Sach Officer and/or Director (Fordat nonprofit corporations must list at least 3 directors) Titles Name of Christian and for Directors Street Address of Each Officer and/or Directors Titles Name of Christian and for Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors To be used for future annual report nettification) 10. E-mail Address: Losigiovanni@gmail.com To be used for future annual report nettification) 11. Toertify that I am an original of director of the receptor or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling the reinstatement all patical by. the real place of the component with the same legal effect and socialized and socialized and socialized and socialized are same legal effect and socialized and socialized are same legal effect and socialized are same legal effect and socialized are same legal effect and socialized and socialized are same legal effect and socialized and socialize								5. FEI Number Applied For			
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8. I, being appointed the legistered 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 REGISTERED AGENT MUST SIGN 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 Addresses of Each Officer and/or Directors Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) P,S,D Giovanni Tosi 5600 Collins Avenue, Unit PH-A Miami Beach, FL 33140 10. E-mail Address: tosigiovanni@gmail.com To be used for future annual report notification) 11. Locatify that I am an officer of director of the receiver or trustee emprowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this crientatement alplication, the reast not of dissolution has been eliminated, the corporation and sprovided for inchapter 607 or 617, 0401, F.S., that all fees owed by the corporation have been put in further certify, 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: 6/1/2010 (786) 693-3027	Name Giovanni Tosi Street Address (P.O Box Number is Not Acceptable) 5600 Collins Avenue Suite, Apt. #, Etc Unit PH-A City State Zip Code										
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Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer Office	Registered Agent								June 1, 2010		
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