

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -4 PM 2:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P08000103628

1. Corporation Name

MIAMI TRUFFLE, INC.

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

5600 Collins Avenue

Suite, Apt. #, etc.

Suite PH-A

City & State

Miami Beach

Zip

Florida

Country

33140

3. Mailing Office Address

5600 Collins Avenue

Suite, Apt. #, etc.

Suite PH-A

City & State

Miami Beach

Zip

Florida

Country

33140

REINSTATEMENT 09-10

900181713079
06/04/10--01034--019 *\$300.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2008

5. FEI Number

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Giovanni Tosi

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

5600 Collins Avenue

Suite, Apt. #, Etc.

Unit PH-A

City

Miami Beach

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date **June 1, 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,S,D	Giovanni Tosi	5600 Collins Avenue, Unit PH-A	Miami Beach, FL 33140

XC6/8

10. E-mail Address: **tosigiovanni@gmail.com**

(To be used for future annual report notification)

11. 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/2010

Date

(786) 693-3027

Daytime Phone #