# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

**CORPORATION REINSTATEMENT**

**SEAT FOR TWO USA, INC.**

| | |
|---|---|
| Certificate of Status | 0 |
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**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAR 11 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000058409

1. Corporation Name
SEAT FOR TWO USA, INC.

CR2E061 (11/10)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 1655 DREXEL AVE | 1655 DREXEL AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI BEACH FL | City & State: MIAMI BEACH FL |
| Zip: 33139 Country: USA | Zip: 33139 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 07/08/2009

5. FEI Number: ☐ 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: CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable): 11380 PROSPERITY FARMS ROAD #221E

Suite, Apt. #, Etc:

City: PALM BEACH GARDENS State: FL Zip Code: 33410

REINSTATEMENT

2010-11

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: Diana Urrego, Special Secretary Date: 3/11/2011

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 Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| D | MASSIMO MARTINOTTI | 1655 DREXEL AVE | MIAMI BEACH FL 33139 |
| D | SYLVIA A. BLANCO | 1655 DREXEL AVE | MIAMI BEACH FL 33139 |
| | | | |
| | | | S. HAWKES |
| | | | MAR 11 2011 |
| | | | EXAMINER |

10. E-mail Address: monica@miafilms.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 3/11/2011 5616948107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MASSIMO MARTINOTTI, Director by Diana Urrego as attorney-in-fact