

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 30 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MIAMI MILANO CORPORATION

2. Principal Office Address

1601 NE 2 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33132

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

65-0380643

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

VICTOR SALA

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

780 N.E 69 ST

Suite, Apt. #, Etc.

1510

City

MIAMI

State

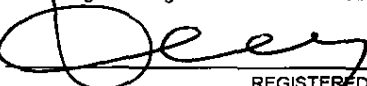
FL

Zip Code

33138

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

3/23/01

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	ROBERTO GAMBETTI	1601 NE 2 AVENUE	MIAMI, FL 33132
VP	GIACOMO FERSINI	1601 NE 2 AVENUE	MIAMI, FL 33132
VP/SECRETARY	CERROY GOLDSTEIN	1601 NE 2 AVENUE	MIAMI, FL 33132

REINSTATEMENT 98-021

10. 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., 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 under section 119.07(3)(i), 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:



ROBERTO GAMBETTI Pres.

Date

3/22/01

Daytime Phone #

(305)
757 3500