

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 17 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000006840**

1. Corporation Name

VRONIA INC.

2. Principal Office Address

468 GOLDEN ISLES DR

Suite, Apt. #, etc.

201

City & State

HALLANDALE FL

Zip

33009

Country

U.S.A.

3. Mailing Office Address

200 SW 25TH ROAD

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33129

Country

U.S.A.

RECEIVED
CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

1-28-93

5. FEI Number

65-0429111

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

RICARDO MAGNI

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

200 SW 25TH ROAD

Suite, Apt. #, Etc.

700064478517

01/25/06--01003--004 **450.00

City

MIAMI, FL

State

FL

Zip Code

33129

8/1/19

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1/14/05**

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 AVELLA	468 GOLDEN ISLES DR.	HALLANDALE, FL-33009
VP	IDA AVELLA	468 GOLDEN ISLES DR.	HALLANDALE, FL-33009
VP	ROBERTA AVELLA	468 GOLDEN ISLES DR.	HALLANDALE, FL-33009
S	VALENTINA AVELLA	468 GOLDEN ISLES DR.	HALLANDALE, FL-33009
T	LARA GIANELLO	468 GOLDEN ISLES DR.	HALLANDALE, FL-33009

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 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

[Signature]

AS PRESIDENT

ROBERTO AVELLA - 01-05-06

Date

Daytime Phone #

Vronia, Inc.

FAX COVER PAGE

SENT TO: FL DEPARTMENT OF STATE, DIVISION OF CORPORATIONS	FROM: RICARDO MAGNI
COMPANY: ATT: REINSTATMENT DEPARTMENT	
FAX NUMBER:	OUR PHONE IS: 954-455-2864 OUR FAX IS: 305-854-9925
SUBJECT: DOC # P93000006840 VRONIA, INC.	DATE : January 14, 2006

MESSAGE:

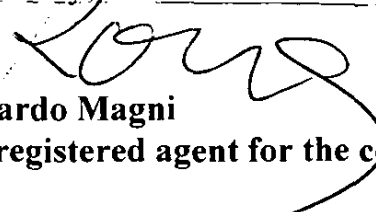
Gentlemen,

We are enclosing a check number 1410, for the amount of \$450.00 with document filled out and duly signed, in order to reinstate VRONIA, INC, Documents # P93000006840.

As per telephone conversation with your department, our corporation whom the owners live most of the year in Europe, never received any notification nor any notice of non compliance, for the correct and timely filling of the corporation's annual state fee. We were advised by an attorney doing some legal work for us, that the corporation had been administratively dissolved for the non compliance of this important filling.

We appreciate the opportunity to reinstate the corporation and have taken important steps so this does not happens again.

Sincerely,



Ricardo Magni

As registered agent for the corporation.

**Cc: Mr. Roberto Avella
President**

468 Golden Isle Drive
Suite 201
Hallandale, FL 33009
Phone 954-455-2864