

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 23 PM 1:09

DOCUMENT # P93000019077

1. Corporation Name

FIONA CORPORATION

2. Principal Office Address

801 Maplewood Drive, #22-A

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33458

Country

USA

3. Mailing Office Address

801 Maplewood Drive, #22-A

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33458

Country

USA

REINSTATEMENT 79-00

4. Date Incorporated or Qualified To Do Business in Florida

03/11/1993

5. FEI Number

65-0395754

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

Carlos J. Berrocal

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

801 Maplewood Drive

Suite, Apt. #, Etc.

22-A

City

Jupiter

State

FL

Zip Code

33458

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~~****900.00 ****900.00~~

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 8.8.00

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
PD	Vincent Romeo	350 Beach Road	Tequesta, FL 33469
SDT	Gudrun N, Romeo	350 Beach Road	Tequesta, FL 33469
DVP	Gisela V. Sturm	350 Beach Road	Tequesta, FL 33469

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:

Vincent Romeo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 8, 2000

Date

(561) 746-7455

Daytime Phone # 7455

CR2E081 (9/99)