

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 25 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

9930000 23231

1. Corporation Name

OCCHIALI, INC.

REINSTATEMENT

01-00

2. Principal Office Address

3042 NW 82 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

3042 NW 82 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

US

Zip

33122

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1993

5. FEI Number

650403290

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

Fortunato Farache

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

3042 NW 82 Avenue

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33122

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 03/20/2002

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

Pres.

Fortunato Farache

3042 NW 82 Avenue

Miami, FL 33122

V.P.

Isaac Farache

Av. Principal La Yaguara
Ed. Centro Industrial

Caracas, Venezuela

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/2002

Date

305-345-8994

Daytime Phone #