* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02 JAN 10 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000026800

Corporation Name

BISECCO INC.

Principal Office Address	3. Mailing Office Address
4062 NW 63 STREET	4062 NW 63 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT CREEK, FL	City & State: COCONUT CREEK, FL
Zip: 33073 Country: USA	Zip: 33073 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/93

5. FEI Number: 65-0410657 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Annual Report/Certificate of Status Fee

7. Name and Address of Current Registered Agent

Name: PASQUALE BISECCO

200004793822--8
-01/24/02--01024--010
****300.00 ****300.00

Street Address (P.O. Box Number Is Not Acceptable): 4062 NW 63 STREET

Suite, Apt. #, Etc.:

City: COCONUT CREEK State: FL Zip Code: 33073

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: JAN 7, 2002

CR2E031 (9-01)

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
RES	PASQUALE BISECCO	4062 NW 63 STREET	COCONUT CREEK, FL 33073
VICE PRES	FRANK BISECCO	6632 NW 42 AVENUE	COCONUT CREEK, FL 33073
TREAS.	ADOLFO BISECCO	4345 CORAL SPRINGS DR.	CORAL SPRINGS, FL. 33065

D. 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] PASQUALE BISECCO 1/7/02 (954)214-7362