

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">FILED</p> <p style="text-align: center;">98 OCT 19 PM 4:10</p>																																	
<p>Read Instructions on Other Side Before Making Entries Make Check Payable To: <b>Department of State</b></p>																																			
<p>1. Name and Mailing Address of Corporation: <b>DOCUMENT #</b> P9 3000043834</p> <p><b>GIANSEST INVESTMENTS, INC.</b> 201 Alhambra Circle, #711 Coral Gables, Florida 33134</p>		<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p>																																	
<p>REINSTATEMENT 94-98</p>																																			
<p>4. Date Incorporated or Qualified To Do Business in Florida June 21, 1933</p>	<p>5. FEI Number 65-042400</p>	<p>FEI Number Applied For _____</p> <p>FEI Number Not Applicable _____</p>	<p>6. <b>\$8.75 Additional Fee required for a Certificate of Status</b></p> <p>CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>																																
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">1</th> <th style="width: 30%;">2</th> <th style="width: 30%;">3</th> <th style="width: 30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres./ Dir.</td> <td>SESTO CECCARELLI</td> <td>201 Alhambra Circle, #711</td> <td>Coral Gables, Florida 33134</td> </tr> <tr> <td>Vice/ Pres./ Dir.</td> <td>GIANCARLO MODENESE</td> <td>201 Alhambra Circle, #711</td> <td>Coral Gables, Florida 33134</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	Pres./ Dir.	SESTO CECCARELLI	201 Alhambra Circle, #711	Coral Gables, Florida 33134	Vice/ Pres./ Dir.	GIANCARLO MODENESE	201 Alhambra Circle, #711	Coral Gables, Florida 33134																
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<p><b>REGISTERED AGENT INFORMATION</b></p>		<p>9. If changed, new registered agent / office</p> <p>Name _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>City _____ State <b>FL.</b> Zip _____</p>																																	
<p>8. Name and Address of Current Registered Agent</p> <p><b>STEPHEN R. RAPPORT, ESQ.</b> 201 Alhambra Circle, Suite 711 Coral Gables, Florida 33134</p>		<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent  _____ Date <u>10/14/98</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																	
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																			
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																			
<p>13. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																			
<p>Signature of Officer or Director </p> <p>Typed or printed name of signing officer or director <u>Sesto Ceccarelli</u></p>		<p>Date <u>10/14/98</u> Daytime Phone # _____</p>																																	

CR2E040 (8/92)