


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 15 PM 2:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044261

1. Corporation Name
Viva Italia, Inc.

2. Principal Office Address <u>917 Duval Street</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>917 Duval Street</u> Suite, Apt. #, etc.	
City & State <u>Key West, FL</u>		City & State <u>Key West, FL</u>	
Zip <u>33040</u>	Country <u>U.S.</u>	Zip <u>33040</u>	Country <u>U.S.</u>

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 09-01-1993

5. FEI Number 65-0420514 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 Flora Buford

Street Address (P.O. Box Number is Not Acceptable) 917 Duval Street 200030474852

Suite, Apt. #, Etc.

City Key West State FL Zip Code 33040

03/15/04--01048--025 **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 [Signature] Date _____

REGISTERED AGENT MUST SIGN

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
<u>PD</u>	<u>Jean M. Buford</u>	<u>917 Duval Street</u>	<u>Key West, FL 33040</u>
<u>SD</u>	<u>Flora Buford</u>	<u>917 Duval Street</u>	<u>Key West, FL 33040</u>

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] FLORA BUFFARD 3-5-04 29481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 10/04