


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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04 MAR 15 PM 2:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 993000044261

1. Corporation Name

Viva Italia, Inc.

2. Principal Office Address

917 Duval Street

Suite, Apt. #, etc.

3. Mailing Office Address

917 Duval Street

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

U.S.

City & State

Key West, FL

Zip

33040

Country

U.S.

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

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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
PD	Jean M. Buford	917 Duval Street	Key West, FL 33040
SD	Flora Buford	917 Duval Street	Key West, FL 33040

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:

Flora Buford FLORA BUFFARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-5-04 29481

Daytime Phone #

CR2081 10/04