PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 01 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTACHED
AND
FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000068542

1. Corporation Name
IL POSTO, INC.

REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
1170 THIRD STREET SO	1170 THIRD STREET SO
Suite, Apt. #, etc. SUITE F101	Suite, Apt. #, etc. SUITE F101
City & State NAPLES, FLORIDA	City & State NAPLES, FLORIDA
Zip 34102 Country USA	Zip 34102 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/27/1993

5. FEI Number 650433557 ☐ 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: DURAN, SERGIO

Street Address (P.O. Box Number is Not Acceptable): 1170 THIRD STREET SOUTH

Suite, Apt. #, Etc.: SUITE F101

City: NAPLES State: FL Zip Code: 34102

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: Sergio Duran (REGISTERED AGENT MUST SIGN) Date: 9/30/03

CR2E061 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVST	SERGIO DURAN	1170 THIRD STREET SO	NAPLES, FL 34102
D	JOSE DURAN	1170 THIRD STREET SO	NAPLES, FL 34102

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: Sergio Duran 9/30/03 239.261.8650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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Account Number : I20000000195
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CORPORATION REINSTATEMENT

IL POSTO, INC.

Certificate of Status	1
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