

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000068704

1. Corporation Name  
CHIAMPESAN (USA), INC.

2. Principal Office Address  
999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 1045

City & State  
CORAL GABLES FL

Zip 33134 Country U.S.A.

3. Mailing Office Address  
P.O. Box # 430853

Suite, Apt. #, etc.

City & State  
MIAMI FL

Zip 33143 Country U.S.A.

REINSTATEMENT 04

4. Date Incorporated or Qualified  
To Do Business in Florida 10/4/1993

5. FEI Number  
65-0450873

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 MANUEL MARRERO c/o OCARIZ GITLIN & ZOMENFELD, LLP

Street Address (P.O. Box Number is Not Acceptable)  
999 PONCE DE LEON BLVD

Suite, Apt. #, Etc.  
SUITE 1045

City CORAL GABLES State FL Zip Code 33134

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]*

REGISTERED AGENT MUST SIGN

Date 11/8/04

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
PDST	CHIAMPESAN GIOVANNI	999 PONCE DE LEON BLVD. #1045	CORAL GABLES / FL / 33134
D	CHIAMPESAN ANNA M.	999 PONCE DE LEON BLVD. #1045	CORAL GABLES / FL / 33134

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11/10/04--01046--018 \*\*750.00

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)(l), 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]* CHIAMPESAN ANNA M.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/04 305-444-8288  
Date Daytime Phone #