

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 DEC 10 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080225

1. Corporation Name  
LIVORNESE CORP.

Principal Place of Business: 1048 KANE CONCOURSE SUITE 2B BAY HARBOR, FLORIDA 33154  
Mailing Address: 1048 KANE CONCOURSE SUITE 2B BAY HARBOR, FLORIDA 33154

400002376674--0  
-12/18/97--01078--005  
\*\*\*1245.00 \*\*\*1245.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
3. New Mailing Office Address, If Applicable  
4. Date Incorporated or Qualified To Do Business in Florida: 11/15/93  
5. FEI Number: 65-0453575  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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

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
P	SETH GADINSKY	1048 KANE CONCOURSE, SUITE 2B	BAY HARBOR, FLORIDA 33154

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-12/18/97--01078--006  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

REINSTATEMENT 94-97  
G. Alan  
12/10/97

8. Name and Address of Current Registered Agent  
9. Name and Address of New Registered Agent  
Name: SETH GADINSKY  
Street Address (P.O. Box Number is Not Acceptable): 1048 KANE CONCOURSE  
Suite, Apt. #, Etc.: 2B  
City: BAY HARBOR  
State: FL Zip Code: 33154

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.  
Signature of Registered Agent: [Signature]  
REGISTERED AGENT MUST SIGN  
Date: 12/9/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No   
(See other side for information on intangible tax.)

12. 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] 12/9/97 (305) 68-188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

C-28E040 (1-2-95)