(1)

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1997 JUL 22 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P94000091009

ASSAGGI, INC.
639 Lincoln Rd.
Miami Beach, Fl 33139

Mailing address
650 NW 43rd. Ave.
Miami, Florida 33126

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address
Address
City and State
Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 12-15-94

4. FEI Number: 65-0544983
FEI Number Applied For
FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P	MIGUEL SARTORI	1515 Pensylvania Ave #10	Miami Beach, Fl 33139
S	IACOPO SARTONI	1515 Pensylvania Ave #10	Miami Beach, Fl 33139

REINSTATEMENT '96-'97
SCC 7-22-97

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

DAVID T. BERG ESQ
555 N.E. 15ST
PH M MIAMI FLA 33132

8. Name and Address of New Registered Agent and/or Office

Name: DAVID T. BERG, ESQ.
Street Address (Do NOT Use P.O. Box Number): 555 N.E. 15 ST
Street Address (Do NOT Use P.O. Box Number):
City and State: MIAMI FL. Zip: 33132

9. 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: _____ REGISTERED AGENT MUST SIGN. Date: 7/21/97

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: _____ Date: 7/21/97 Daytime Phone # _____
Secretary
H97000011937

Prepared by: Miguel Sartori 1515 Pensylvania Ave. #10 Miami Beach, FL 33139 (305) 448-7500

P94000091009

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7/22/97 FLORIDA DIVISION OF CORPORATIONS 2:18 PM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H97000011937 4)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: ABBAGGI, INC.
AUDIT NUMBER.....H97000011937
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. $923.75

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

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DIVISION OF CORPORATIONS