PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 20 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008010 (7)

1. Corporation Name
ATTILA O.T.B., INC.

Principal Place of Business	Mailing Address
101 DUVAL STREET ~~UNIT 11~~ KEY WEST, FL 33040	~~101 DUVAL STREET~~ ~~SUITE 11~~ ~~KEY WEST, FL 33040~~

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
101 Duval Street	517 Whitehead Street
Suite, Apt. #, etc.: Unit 111	Suite, Apt. #, etc.
City & State: Key West, FL [illegible]	City & State: Key West, FL
Zip: 33040 Country	Zip: 33040 Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/31/1995

5. FEI Number: 65-0558734 ☐ Applied For ☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P,T,S,	Cirelli, Aldo	101 Duval Street, Unit 111	Key West, FL 33040

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~~****375.00~~ ~~****375.00~~

12/20/96

REINSTATEMENT 96

8. Name and Address of Current Registered Agent

Anthony Catalfomo
517 Whitehead Street
Key West, FL 33040

9. Name and Address of New Registered Agent

Name: Gregory G. Farrelly
Street Address (P.O. Box Number is Not Acceptable): 517 Whitehead Street
Suite, Apt. #, Etc.:
City: Key West | State: FL | Zip Code: 33040

CR2E040 (11/95)

10. Having been appointed the registered agent of the above named corporation, I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Gregory G Farrelly — REGISTERED AGENT MUST SIGN

Date: October 30, 1996.

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ X

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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: [signature] Aldo Cirelli — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/4/96

(305)292-9088 Daytime Phone #