

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



98-99 AR

FILED

99 MAY 20 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000011303

1. Corporation Name  
**MAJOLICA D'ITALIA INC.**

Principal Place of Business Mailing Address  
11510 BISCAYNE BLVD 11510 BISCAYNE BLVD  
MIAMI FL 33181 MIAMI FL 33181



REINSTATEMENT 98-99 @

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 <b>02/06/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0556368</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
CEO	NATOLI, JOSEPH F	141 CRANDON BLVD APT 235	KEY BISCAYNE FL 33149
PD	MARGARITELLI, MARCO	7730 COQUINA DR	NO BAY VILLAGE, MIAMI FL 33141
SD	MARGARITELLI, VELIA	7730 COQUINA DR	NO BAY VILLAGE, MIAMI FL 33141
			800002892898--E -06/02/99--01074--008 ****750.00 ****750.00
			800002892898--E -06/02/99--01074--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent <b>NATOLI, JOSEPH F 141 CRANDON BLVD APT. 235 KEY BISCAYNE FL 33149</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
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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]* Date: **2/1/99**  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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]* Date: **2/1/99** Phone: **305-935-0008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2EC040 (9/98)