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
FILED

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97 MAR 24 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000018666

1. Corporation Name

Panzegña International Traders inc.

Principal Place of Business	Mailing Address
12855 S.W 136 ave #108 Miami fla 33186	12855 S.W 136 ave #108 Miami fla 33186

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
12855 S W 136 ave #	
Suite, Apt. #, etc. # 108	Suite, Apt. #, etc.
City & State Miami fla	City & State
Zip 33186 Country Dade	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 3/8/95

5. FEI Number 65-0579138 ☐ 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
D	Ms. Panzegna	13364 S.W. 108St. Circle	Miami fla 33186

500002123835--2
-03/25/97--01083--002
****373.00 ****373.00

1996-1997 Annual Report

REINSTATEMENT

3-24-97

A. Allen

8. Name and Address of Current Registered Agent

Ms. Panzegna
13364 S.W. 108 Street Circle
Miami fla 33186

9. Name and Address of New Registered Agent

Name Ms. Panzegna
Street Address (P.O. Box Number is Not Acceptable) 13364 SW 108St. Circle
Suite, Apt. #, Etc. ~~#~~ #108
City Miami State FL Zip Code 33186

CR2E040 (1/96)

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 Ms. Panzegna Date 3/20/97
REGISTERED AGENT MUST SIGN

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: Ms. Panzegna 3/20/97 305-233 0416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/20/97.

Dept. of State
Reinstatement Division
P. O. Box 6327
Tallahassee, Fl. 32314.

Dear Sir, Madam,

This letter is to inform you that I never received the annual report which was sent to my old address at Brickell ave. I moved from that address in 1995 and the report was never forward to my new address.
I am asking that you waver the late fees due to the fact that I never received the annual report.
I am enclosing $200.00 for last year
$165 for this year
And ——— $ 8.75 for certificate.
$373.75

Thank you for your assistance and cooperation.

Carlos

12855 S.W. 132 COURT • MIAMI, FL 33186, U.S.A.
TEL: (305) 233-0416 • FAX: (305) 233-0245