

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

98 DEC -7 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000029755

1. Corporation Name
TRE FIGLI, INC.

Principal Place of Business 11504 W SAMPLE RD CORAL SPRINGS FL 33065	Mailing Address 11504 W SAMPLE RD CORAL SPRINGS FL 33065
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REINSTATEMENT *ll-02*

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 04/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0585123	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

1 Title(s)	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 / State / Zip
DPVS	CERBONE, CONCETTA	11504 W SAMPLE RD	CORAL SPRINGS FL 33065
T	CERBONE, CONCETTA	11504 W SAMPLE RD	CORAL SPRINGS FL 33065 700002709047--4 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent CERBONE, CONCETTA 11504 W SAMPLE RD CORAL SPRINGS FL 33065		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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 *Concetta Cerbone* **REQUIRED** Date *11/23/98*
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: *Concetta Cerbone* **REQUIRED** *11/29/98* *954-796-8937*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Concetta Cerbone

CR2E040 (7/86)