


**CORPORATION  
REINSTATEMENT**
**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

 APPROVED  
 AND  
 FILED
DOCUMENT # 795000037634

00 JUN -6 AM 10:22

## 1. Corporation Name

Pacchini Enterprises, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 2. Principal Office Address

719 Franklin Street N.

Suite, Apt. #, etc.

## 3. Mailing Office Address

719 Franklin Street N.

Suite, Apt. #, etc.

## City &amp; State

Tampa, FL

## City &amp; State

Tampa, FL

## Zip

33602

## Country

Hillsborough

## Zip

33602

## Country

Hillsborough

## 4. Date Incorporated or Qualified

To Do Business in Florida

May 10, 1995

## 5. FEI Number

59-3318079

Applied For:

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

## 7. Name and Address of Current Registered Agent

## Name

Elisabetta Pacchini

## Street Address (P.O. Box Number is Not Acceptable)

719 Franklin Street N.

## Suite, Apt. #, Etc.

## City

Tampa

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07/05/00 01058-03

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## State

FL

## Zip Code

33602

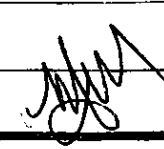
## 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered AgentElisabetta PacchiniDate 06.01.00

REGISTERED AGENT MUST SIGN

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Stelvio Pacchini	719 Franklin Street N.	Tampa, FL 33602
D/S	Elisabetta Pacchini	719 Franklin Street N.	Tampa, FL 33602

 REINSTATEMENT 9/7/00  


10. 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: Elisabetta Pacchini Elisabetta Pacchini  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06.01.00  
 Date

813-2289200  
 Daytime Phone #