

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

1998 MAR -9 PM 1:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000043071

1. Corporation Name

FISHER ISLAND DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

c/o Dr. Massimo Bagni
 Studio Fasol Bagni Bosco
 via giberti, 7
 37122 Verona
 ITALY

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

2. New Principal Office Address, If Applicable

See above

3. New Mailing Office Address, If Applicable

See above

4. Date Incorporated or Qualified To Do Business in Florida

05/26/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

98-0163672

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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,D	Gianpaolo Buzzi	via giberti, 7	37122 Verona Italy
V,D	Francesco Caldogno	via giberti, 7	37122 Verona Italy
S,D	Cesare Angeli	via giberti, 7	37122 Verona Italy
*	Delete all officers listed on previous annual report		

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REINSTATEMENT

8. Name and Address of Current Registered Agent

CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324

9. Name and Address of New Registered Agent

Name
F&L Corp.
 Street Address (P.O. Box Number is Not Acceptable)
200 Laura Street
 Suite, Apt. #, Etc.
 City
Jacksonville
 State
FL
 Zip Code
32202

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

By *John A. Sanders* Agent
 REGISTERED AGENT MUST SIGN

Date

3/6/98

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:

Gianpaolo Buzzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gianpaolo Buzzi, President

January 20, 1998

Date

Daytime Phone #

(call Paul Rosenthal)

407-423-7656

CR2E040 (12/96)