

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 FEB -4 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000043071

1. Corporation Name

Fisher Island Development Corp.

2. Principal Office Address

Studio Fasol Bagni Bosco

3. Mailing Office Address

Studio Fasol Bagni Bosco

Suite, Apt. #, etc.

Commercialisti Associati,  
Via Dominutti 20

Suite, Apt. #, etc.

Commercialisti Associati,  
Via Dominutti 20

City & State

Verona

City & State

Verona

Zip

37135 OC

Country

Italy

Zip

37135 OC

Country

Italy

**REINSTATEMENT**

4. Date Incorporated or Qualified

To Do Business in Florida 05/26/1995

5. FEI Number

980163672

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

F & L Corp.

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

The Greenleaf Building, 200 Laura Street

Suite, Apt. #, Etc.

3rd Floor

City

Jacksonville

State

FL

Zip

32201

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 Agent

REGISTERED AGENT MUST SIGN

Date

1/28/02

**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
PTD	Buzzi, Giampaolo	Via Giberti 7	Verona Italy 37122
VD	Caldogno, Francesco	Via Giberti 7	Verona Italy 37122
SD	Angeli, Cesare	Via Giberti 7	Verona Italy 37122

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Buzzi Giampaolo

Date

01-14-02

Daytime Phone #