PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherinè Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR -11 PM 1:18

DOCUMENT # P95000059983

1. Corporation Name

AGNOLOTTI, INC.

W-8835

97-00

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
c/o/MICHAEL K. FELDMAN, ESQ.	MICHAEL K. FELDMAN, ESQ.
NELSON & FELDMAN, P.A.	NELSON & FELDMAN, P.A.
Suite, Apt. #, etc. 5th Fl.	Suite, Apt. #, etc. 5th Fl.
1135 Kane Concourse	1135 Kane Concourse
City & State: Bay Harbor Islands, FL	City & State: Bay Harbor Islands, FL
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/03/95

5. FEI Number: 65-0599518 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED XX — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MICHAEL K. FELDMAN, ESQ.

300003208533--1
-04/14/00--01008--012
***1200.00 ***1200.00

Street Address (P.O. Box Number is Not Acceptable): 1135 Kane Concourse

300003208533--1
-04/14/00--01008--013
*****8.75 *****8.75

Suite, Apt. #, Etc.: 5th Fl.

City: Bay Harbor Islands State: FL Zip Code: 33154

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: _____ Date: 3/21/00

MICHAEL K. FELDMAN REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
P	GIULIO SANTILLO	c/o MICHAEL K. FELDMAN 1135 Kane Concourse	Bay Harbor Islands, FL 33154
S, T	ANGELA SANTILLO	c/o MICHAEL K. FELDMAN 1135 Kane Concourse	Bay Harbor Islands, FL 33154

AD

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: _____ 3/ /00

GIULIO SANTILLO, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #