01/03/1994 15:58 8135365936 FMJ PAGE 02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 26 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000078546

1. Corporation Name

FIAMMA CONNECTION INC.

Principal Place of Business / Mailing Address

8251 15TH ST. E.
SARASOTA, FL. 34243

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

2. New Principal Office Address, if Applicable
8251 15TH ST. E.
Suite, Apt. #, etc.
SUITE N.
City & State
SARASOTA FL.
Zip 34243 County MANATEE

3. New Mailing Office Address, if Applicable
8251 15TH ST. E.
Suite, Apt. #, etc.
SUITE N.
City & State
SARASOTA FL.
Zip 34243 County MANATEE

4. Date Incorporated or Qualified To Do Business in Florida
OCT. 9. 95

5. FEI Number
59-3342868
Applied For
Not Applicable

6. CERTIFICATE OF STATUS IS REQUIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida corporate 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
	JACK OVADIA DIRECTOR	4519 DOVER ST. CR. E.	BRADENTON, FL. 34203

000023870380--5
-12/31/97-01056-014
****750.00 ****750.00

97

REINSTATEMENT

12-30-97

8. Name and Address of Current Registered Agent

8251 15TH ST. E.
SARASOTA, FL. 34243

9. Name and Address of New Registered Agent

Name: JACK OVADIA
Street Address (P.O. Box Number is Not Acceptable): 8251 15TH ST. E.
Suite, Apt. #, etc.: SUITE N.
City: SARASOTA, FL. State: FL Zip Code: 34243

CR2E045 (12/96)

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: Jack Ovadia REGISTERED AGENT MUST SIGN Date

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: Jack Ovadia 12/22/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #