
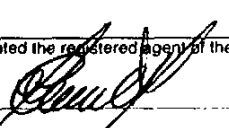
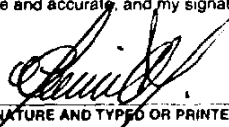


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000010133		99 JUL - 6 AM 9:14	
1. Corporation Name VILLA ROMANA, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA 800002936578--2 -07/20/99--01076--015 ***1050.00 ***1050.00	
Principal Place of Business		Mailing Address W09000001180	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 8209 NW 68 St.		3. New Mailing Office Address, If Applicable 11469 NW 51st LN.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL.		City & State MIAMI FL.	
Zip 33166 Country USA		Zip 33178 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 02/01/1996	
		5. FEI Number 65-0643448	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	MARCO C. PARANZINO	11469 NW 51st LN.	MIAMI, FL. 33178
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MARCO C. PARANZINO 11469 NW 51st LN MIAMI, FL. 33178		Name MARCO C. PARANZINO	
		Street Address (P.O. Box Number is Not Acceptable) 11469 NW 51st LN.	
		Suite, Apt. #, Etc.	
		City MIAMI State FL Zip Code 33178	
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 		Date 4/20/99	
MARCO C. PARANZINO		REGISTERED AGENT MUST SIGN	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(j), 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: 		MARCO C. PARANZINO 4/20/99 (305) 772-8212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CPRE001 (12-98)