

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 APR -5 PH 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000024651

1. Corporation Name

O.C. INTERNATIONAL OF MIAMI, INC.

Principal Place of Business

9528 BAY DRIVE  
SURFSIDE FL 33154

Mailing Address

220 71ST STREET #213  
MIAMI FL 33141

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/1996

5. FEI Number

65-0676172

Applied For

Not Applicable

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 3	City / State / Zip 4
PTSD	PERAZZINI, GIULIANO	9528 BAY DRIVE	SURFSIDE FL 33154
VD	BRASCHI, ADRIANO	1001 BRICKELL BAY DR STE 1508	MIAMI FL 33131

8. Name and Address of Current Registered Agent

PIZZUTO, ANGELO  
1001 BRICKELL BAY DR.  
SUITE 1508  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

GIULIANO PERAZZINI

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

9028 BAY DRIVE

Suite, Apt. #, Etc.

City

SURFSIDE

State

FL

Zip Code

33154

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

(X)

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2/26/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/02

Daytime Phone #

CR2E040 (8/01)