

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 31 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000047005

1. Corporation Name

PINATI INTERNATIONAL INC.

300078482833
08/08/06--01062--005 **1950.00

REINSTATEMENT 98-06

2. Principal Office Address

1835 E. HALLANDALE BCH BLVD

Suite, Apt. #, etc.

705

City & State

HALLANDALE, FL

Zip

33009

Country

USA

3. Mailing Office Address

1835 E. HALLANDALE BCH BLVD

Suite, Apt. #, etc.

705

City & State

HALLANDALE, FL

Zip

33009

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

6/4/96

5. FEI Number

65-0670396

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

GILA YEFET

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

1835 E. HALLANDALE BCH BLVD

Suite, Apt. #, Etc.

705

City

HALLANDALE

State

FL

Zip Code

33009

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

GILA

Date

7/25/16

REGISTERED AGENT MUST SIGN

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 | GILA YEFET | 1835 E. HALLANDALE BCH BLVD #705 | HALLANDALE, FL 33009 |
| | | | |
| | 078/3 | | |
| | | | |
| | | | |

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 contained in Chapter 119, 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:

GILA

GILA YEFET

Date

7/25/16

Daytime Phone #