

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Salem Morham
 Secretary of State
 DIVISION OF CORPORATIONS

97-98 AR

FILED

98 MAY 13 PM 3:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000085811

1. Corporation Name Picco LA Italia Corp
 9459 Harding Ave
 Surfside Fl 33154

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable None		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida January 1 1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Oreste Innocenti Sr	510 NW 58 Ct Miami Fla 33126	
			600002526186--2 -05/15/98--01111--011 ****323.75 ****323.75

8. Name and Address of Current Registered Agent

Innocenti Oreste Sr.
 1561 Alton Court
 Miami Beach, 33139

9. Name and Address of New Registered Agent

Name: RA info. per Oreste Innocenti Jr.
 Street Address, P.O. Box Number (Not Acceptable)
 on 5/14/98
 Suite, Apt. #, Etc.
 City State FL Zip Code

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


REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:  Oreste Innocenti Sr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 5/6/98
 Daytime Phone #: 305-673-4500

CR2E040 (1/98)

PICCO LA ITALIA CORP
1561 ALTON CT
MIAMI BEACH
FLORIDA. 33139

TO: **Division of Corporations**

I RESPECTFULLY REQUEST THAT ANY PENALTY THAT ARE IMPOSED ON
THIS REINSTATEMENT OF CORPORATION BE WAIVED

WE WERE INFORM THAT A YEARLY REINSTATEMENT APPLICATION
WOULD BE MAIL TO US BUT WE HAD NOT RECEIVED ANY SUCH REINSTATEMENT
APPLICATION SO WE ARE MAILING YOU LAST YEAR AND THIS YEAR APPLICATION
FEE OF \$ 315.00

FAITHFULLY YOURS


ORESTE INNOCENTI SR

IF ANY INFORMATION NEEDED PLEASE CALL ME AT (305) 673-4500