

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 MAR -9 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

P96000088638  
VIA SOLFERINO ITALIAN FURNITURE, INC.

**2. Principal Office Address**

3930 NE 2ND AVE

Suite, Apt. #, etc.

105

City & State

MIAMI, FL

Zip

33137

Country

USA

**3. Mailing Office Address**

3930 NE 2ND AVE

Suite, Apt. #, etc.

105

City & State

MIAMI, FL

Zip

33137

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/25/1996

**5. FEI Number**

65-0707792

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

SIMONA CIANCETTA

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

1756 N BAYSHORE DR

Suite, Apt. #, Etc.

#35G

City

MIAMI

State

FL

Zip Code

33132

**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

Date **03.08.05**

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PTD    | SIMONA CIANCETTA                     | 3930 NE 2ND AVE, STE 105                          | MIAMI, FL 33137    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIMONA CIANCETTA**

Date

**03.08.05 305.572.1182**

Daytime Phone #

CR2081 (01/05)