

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # *P9600094943*

1 Corporation Name MEZZOGIORNO, INC.

98 MAR 16 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1100 Ponce de Leon Blvd.
Coral Gables, FL 33134

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		4. Date Incorporated or Qualified To Do Business in Florida November 20, 1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number ☒ Applied For ☐ Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 And Notar 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)	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
Pres./Dir.	Thomas Billante	1000 Venetian Way	Miami Beach, FL 33139
			800002459708--2 03/17/98--01072--011
			***\$900.00 ***\$900.00
			REINSTATEMENT <i>97-98</i>
			<i>A. Alan</i> <i>3/16/98</i>

8. Name and Address of Current Registered Agent

Maynard J. Hellman
1100 Ponce de Leon Boulevard
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.405, F.S.

Signature of Registered Agent *[Signature]*
REGISTERED AGENT MUST SIGN

Date *3-10-98*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 517, 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 517.0401, 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)(c), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3-10-98* Daytime Phone *305/448-8282*