

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 25 PM 1:30

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # P 97000012598

1. Corporation Name

MURANO DUE, INC.

2. Principal Office Address

341 N. Maitland Avenue

Suite, Apt. #, etc.

Suite 340

City & State

Maitland, Florida

Zip

32751

Country

USA

3. Mailing Office Address

Post Office Drawer 7540

Suite, Apt. #, etc.

City & State

Maitland, Florida

Zip

32794-7540

Country

USA

REINSTATEMENT 99-00

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

2/7/97

5. FEI Number

52-2252602

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

Philip Tatich

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

341 North Maitland Avenue

Suite, Apt. #, Etc.

Suite 340

City

Maitland

000003379740-8

09/01/00-01028-002

******878.75 ****878.75**

000003379740-8

09/01/00-01028-003

******30.00 ****30.00**

State

FL

Zip

32751

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 **June 26, 2000**

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
DP	Carlo Loro	Via Gen. Chinotto 3, 36100	Vicenza, Italy
DVP	Giorgio Tavagna	Viale Roma 16, 36100	Vicenza, Italy
DVP	Alfredo Ceruti	Via Strambio 34, 20133	Milano, Italy
DVP	Elenora Civran	Via Urbano 36, 36075	Montecchio Magg (VI), Italy
DVP	Roberto Filipaz	Aurisina Cave 63/A, 34011	Aurisina (TS), Italy
			KE

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

June 26, 2000 407/629-4433

Date

Daytime Phone #

CR2E081 (9/99)