

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 13 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020242

1. Corporation Name

SUPREMA CORPORATION OF AMERICA

2. Principal Office Address

VIA GALLIERA, 21

Suite, Apt. #, etc.

40050 FUNO

City & State

BOLOGNA, ITALY

Zip

Country

ITALY

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 98-01

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

Filed 2/28/97

Effective 2/26/97

5. FEI Number

59-3435140

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

LEONARD ALTERMAN, ATTORNEY

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

9116 Cypress Green Drive

Suite, Apt. #, Etc.

Suite 207

City

Jacksonville

State
FL

Zip Code
32256

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

Leonard Alterman

REGISTERED AGENT MUST SIGN

Date 3/12/01

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/D	LINO CARRER	Via Galliera, 21 40050 Funo	Bologna, Italy
VP/D	CORRADO SILVESTRI	875 N. Ellsworth Avenue	Villa Park, IL 60181
D	PIERLUIGI BOREGGIANI	Via Galliera, 21 40050 Funo	Bologna, Italy
D	CARMELO CALO	Via Galliera, 21 40050 Funo	Bologna, Italy
D	ALESANDRO SOFFRITI	Via Galliera, 21 40050 Funo	Bologna, Italy

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

12/03/01

Date

Daytime Phone #

CR2E081 (9/00)