


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 14 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
05, 06, 07, 08					
DOCUMENT # <u>P97000028633</u>					
1. Corporation Name <u>Giovanna Corp.</u>					
2. Principal Office Address - No P.O. Box # <u>1829 SENEGAL DRIVE</u> Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.		
City & State <u>NAPLES FL</u>			City & State 		
Zip <u>34119</u>	Country <u>USA</u>	Zip 	Country 		
7. Name and Address of Current Registered Agent					
Name <u>CALOGERO TRIBASTONE</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>14886 TOSCANA WAY</u>					
Suite, Apt. #, Etc. <u>NAPLES</u>					
City 		State <u>FL</u>	Zip Code <u>34120</u>		
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 <u>Calogero Tribastone</u> REGISTERED AGENT MUST SIGN				Date <u>02-12-2008</u>	
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	
<u>P</u>	<u>VINCENT PALMESS</u>	<u>1829 SENEGAL DRIVE</u>		<u>NAPLES FL 34119</u>	
<u>T</u>	<u>FRANK PALMESS</u>	<u>1821 SENEGAL DRIVE</u>		<u>NAPLES FL 34119</u>	
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 contained in Chapter 119, 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:		<u>AHFC</u>		2-11-08 239 537 7396	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Trevor 2/15/08