PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Corporation Name ILES FROM ITALY, INC.

Mailing Address

- Diago of Business

FILED

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407 LINCOI MAMI BEA	LN ROAD STE 2A CH FL 33139	MIAMI BEAC	407 LINCOLN ROAD STE 2A MIAMI BEACH FL 33139			REINSTATEMENT 99-00			
If above a	ddresses are incorrect in any way, line t	hrough incorrect in	nformation and enter c	orrection below.	4 Date Incorpo	rated or Qualified			
New Principal Office Address, If Applicable 3. New Mailir			ng Office Address, If Applicable 4.		To Do Busin	To Do Business in Florida 01/16/1998			
Suite, Apt. #,			·					Applie 2	
city & State								Not Applicable	
Country		-Zip	-Zip			6. \$8.75 Additional Fee required for a Certificate of Status			
	and Street Addresses of Each Officer at	nd/or Director (Fk	orida nonprofit corpora	tions must list at le	ast 3 directors)				
Name of Officers and/or Directors			Street Address of Each Officer and/or Director			4	City / State / 2	Zip	
D	STRATTON, DOUGLAS D		407 LINCOLN ROAD STE 2A			MIAMI BEACH FL 33139			
				2		/00010			
	8. Name and Address of Curr	ont Pagistered A	gent		9. Name and	Address of New Ro	egistered Ager	ıt	
<u>.</u>	8. Name and Address of Cult	Name							
STR	ATTON, DOUGLAS D	Street Address (P.O. Box Number is Not Acceptable)							
	LINCOLN ROAD STE 2A		Suite, Apt. #, Etc.						
MIAI	MI BEACH FL 33139		City.			State Z	ip Code		
Signature Registere	ad Agent	REGISTERED /	empowered to execut	te this application a	s provided for in c	Date 2.	29(5	tify that when filing, F.S., that all fees	
	einstatement application, the reason for by the corporation have been paid and is application is true and accurate, and r					nder section 119.07	(3)(I), r.S. The	Imormation mulcated	

SIGNATURE AND TYPED OR PRINTED NAME OF