PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR -9 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 2001/2002

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

DOCUMENT # P98000070939

1. Corporation Name

FRATELLI GROUP CORPORATION

2. Principal Office Address	**3.** Mailing Office Address
400 S. Pointe Drive	400 S. Pointe Drive
Suite, Apt. #, etc.: 311	Suite, Apt. #, etc.: 311
City & State: Miami Beach	City & State: Miami Beach
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 08/13/98

5. FEI Number: 65-0857356 ☐ 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: AmeriLawyer

100005308431--4
-04/19/02--01055--016
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue

Suite, Apt. #, Etc.:

City: Coral Gables, FL 33134 State: FL Zip Code:

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 _____

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
SVD	Federico Cesar Lore	400 S. Pointe Drive #311	Miami Beach, FL 33139
PTD	Pablo Ignacio Lore	400 S. Pointe Drive #311	Miami Beach, FL 33139

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: _____ 4/2/2002 305 864-7909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #