

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000097388

1. Corporation Name

FILA CHEMICALS U.S.A., CORP.

Principal Place of Business

1925 BRICKELL AVENUE  
STE. D-207  
MIAMI FL 33129

Mailing Address

1925 BRICKELL AVENUE  
STE. D-207  
MIAMI FL 33129

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8180 NW 36th STREET  
Suite, Apt. #, etc.  
SUITE #403

3. New Mailing Office Address, If Applicable

8180 NW 36th STREET  
Suite, Apt. #, etc.  
SUITE #403

City & State  
MIAMI FLORIDA

City & State  
MIAMI, FLORIDA

Zip 33166 Country USA

Zip 33166 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

11/19/1998

SP

5. FEI Number

65-0879381

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PETTENON, BENIAMINO	VIA GARIBOLDI 32 I-35018 S. MART	PADUA ITALY
SECRETARY	MASSIMO CAVALLI	VIA GARIBOLDI 321-35018 SAN MARCO	PADUA ITALY
			300003078613--8
			-12/22/99--01094--008
			*****758.75 *****758.75

8. Name and Address of Current Registered Agent

CHOLOBEL, MICHAEL  
1925 BRICKELL AVENUE  
STE. D-207  
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name

CHOLOBEL, MICHAEL

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Signature of Michael Chelobell

Date November 16, 1999

11. 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]* MASSIMO CAVALLI

November 16, 1999 (85) 513-0708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MICHAEL CHOLOBEL, P.A.**  
**LAW OFFICE**

1925 Brickell Avenue, Suite D-207, Miami, FL 33129  
Tel: (305) 285-3144 • Fax: (305) 856-8056  
E-Mail: Cholobel@aol.com

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

December 6, 1999

**Re: Fila Chemicals U.S.A. Corp./Reinstatement Application**

Dear Sir or Madam:

Please reinstate the above referenced corporation and provide us with a Certificate of Status after doing so. We enclose the Application for Reinstatement duly signed and dated together with a check for \$758.75 payable to the Department of State.

Very truly yours,



MICHAEL CHOLOBEL, P.A.

Encl.

Mxc/Fila1.corp/State2.ltr