

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 MAY -8 AM 9:08

DOCUMENT # P98000100601

1. Corporation Name

Borgese Products, Inc.

2. Principal Office Address

860 NE 79<sup>TH</sup> ST

Suite, Apt. #, etc.

Lot A

City & State

Miami, FL

Zip

33138

Country

USA.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11-30-98

5. FEI Number

65-0878186

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

Oswaldo Borgese

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

5954 NE 4<sup>TH</sup> COURT

Suite, Apt. #, Etc.

#4

City

Miami

State

FL

Zip Code

33137

100004315811-1  
-05/24/01--01087--024  
\*\*\*\*158.00 \*\*\*\*160.00

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

*[Signature]*

Date 5-3-01

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

P

Oswaldo Borgese

5954 NE 4<sup>TH</sup> CT

Miami, FL 33137

BR 5/23

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

5-3-01

Date

305-609-6829

Daytime Phone #

CR2E081 (9/99)