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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CORPORATION REINSTATEMENT

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

DOCUMENT # P98000102311

99-01

REINSTATEMENT

1. Corporation Name

CHO CHO PAIN, INC.

2. Principal Office Address	3. Mailing Office Address
3801 INDIAN CREEK DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FLORIDA	City & State
Zip: 33140 Country: U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/09/98

5. FEI Number: NONE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: LAUREN H. WEBER, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 3801 INDIAN CREEK DRIVE

Suite, Apt. #, Etc.: MIAMI BEACH, FLORIDA 33140

City: MIAMI BEACH, FLORIDA 33140 State: FL Zip Code: 33140

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: Lauren H. Weber Date: 03/01/01

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	MICHELINO MASSAGLIA	767ARTHUR GODFREY ROAD	MIAMI BEACH, FLORIDA 33140
V	ALDO MASSAGLIA	767 ARTHUR GODFREY ROAD	MIAMI BEACH, FLORIDA 33140

AD

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: MICHELINO MASSAGLIA 03/01/01

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

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305)358-2571
Fax Number : (305)358-7832

CORPORATION REINSTATEMENT

CHO CHO PAIN, INC.

Certificate of Status	1
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Page Count	01
Estimated Charge	$1,058.75