

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000000705

1. Corporation Name

BAMBINO IMPORT & EXPORT, INC

2. Principal Office Address

3610 YACHT CLUB DR

Suite, Apt. #, etc.

# 1116

City & State

AVENTURA

Zip

FL

Country

33180

3. Mailing Office Address

3610 YACHT CLUB DR

Suite, Apt. #, etc.

# 1116

City & State

AVENTURA

Zip

FL

Country

33180

900024962079  
11/13/03 01:26:01Z \*\*\$00.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0897662

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

LUCIA DE GENA

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

3610 YACHT CLUB DR

Suite, Apt. #, Etc.

# 1116

City

AVENTURA

State

FL

Zip Code

33180

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

*Lucia De Gena*

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
PD	LUCIA DE GENA	3610 YACHT CLUB DR # 1116	AVENTURA FL 33180

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:

*Lucia De Gena*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)