

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 27 AM 9:31

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000017006**

1. Corporation Name

PLAZA SERVICES INTERNATIONAL, INC.

2. Principal Office Address

800 BRICKELL AVE.

Suite, Apt. #, etc.

1115

City & State

MIAMI, FL.

Zip

33131

Country

USA

3. Mailing Office Address

275 COMMERCIAL BLVD.

Suite, Apt. #, etc.

260

City & State

LAUDERDALE BY THE SEA, FL.

Zip

33308

Country

U.S.A.

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

2-18-1999

5. FEI Number

APPLIED

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

BRUNO SARTORI

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

275 COMMERCIAL BLVD.

Suite, Apt. #, Etc.

260

City

LAUDERDALE BY THE SEA

State

FL

Zip Code

33308

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

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 |
|------------|--------------------------------------|---|---|
| IDP | JEAN CARLO NARDI | 275 COMMERCIAL BLVD #260 | LAUDERDALE BY THE SEA, FL. 33308 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

[Signature]

100069440691
04/04/06--01053--011 **1200.00

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 contained in Chapter 119, 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] **JEAN CARLO NARDI** **3/24/2005** **(954) 351-1157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Director