

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 28 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **0 P990000 30359**

1. Corporation Name

~~PRONTO GIFTS~~
GITO PRONTO INC.

2. Principal Office Address

4730 GOLDENGATE PKWY

Suite, Apt. #, etc.

#0

City & State

NAPLES FL

Zip

34116

Country

Collier

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650904879

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

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC.

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

13571 MCGREGOR BLVD #22

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33919

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

Sonia Landestoy

Date

6/2/02

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	SONIA LANDESTOY	4730 GOLDENGATE PKWY #0	NAPLES FL 34116

REINSTATEMENT 0-04

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

Sonia Landestoy

Date

6/2/02

Daytime Phone #

CR2E081 (9/01)