APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 13 PM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037202

1. Corporation Name
BACCO'S INC.

REINSTATEMENT P99000037202

2. Principal Office Address	3. Mailing Office Address
1551 MAIN ST	1551 MAIN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34236 Country: U.S.A	Zip: 34236 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 4-21-1999

5. FEI Number: 65-0913592 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.25 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOHN NAPOLITANO

000003084670
11/13/02 01059 022 **1058.75

Street Address (P.O. Box Number is Not Acceptable): 100 WALLACE AVE

Suite, Apt. #, Etc.: SUITE 240

City: SARASOTA State: FL Zip Code: 34237

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 _____ Date 11.07.02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PRES.	PIETRO MOSCHINI	3666 CALLIANDRA DR	SARASOTA FL 34232
SEC.	CLAUDIA ZECCHIN MOSCHINI	3666 CALLIANDRA DR	SARASOTA FL 34232
TRES.	MATTEO MIGLIORINI	VIA [illegible] SETT. #4	CROVIADOSSOLA ITALY 28035

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: _____ PIETRO MOSCHINI 941-365-7380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #