

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



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

DOCUMENT # **P99000047166**

1. Corporation Name

**NOTTURNO, INC.**

Principal Place of Business

3919 N.W. 57TH ST.  
POMPANO BEACH FL 33073

Mailing Address

3919 N.W. 57TH ST.  
POMPANO BEACH FL 33073

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/20/1999**

5. FEI Number

**65-0933007**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

**000004659520--3**

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
PD	PUGLIESE, LOUIS	3919 NW 57TH ST.	COCONUT CREEK FL 33073
PD	PULIESE, LOUIS	3919 N.W. 57TH STREET	POMPANO BEACH FL 33073
VP	PUGLIESE, FRANCES	3919 NW 57TH STREET	POMPANO BEACH FL 33073
S	AIELLO, ROSANNA	3919 NW 57TH STREET	POMPANO BEACH FL 33073

8. Name and Address of Current Registered Agent

PUGLIESE, MICHAEL I  
3384 CABARET LANE  
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Michael Pugliese* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10/16/01**

11. 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:

*Michael Pugliese* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/16/01**

CR2E040 (8/01)

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MICHAEL I. PUGLIESE, ESQ.  
3384 CABARET LANE  
MARGATE, FL 33063  
W: (954) 564-0503  
H: (954)-977-0143

October 16, 2001

Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

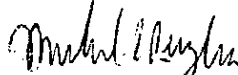
RE: Notturmo, Inc.  
Reinstatement of Corporation

Dear Sir(s):

Please be advised that I am the attorney and registered agent of Notturmo, Inc. Please be further advised that at no time did the corporate officer (the incorporator), nor myself receive the Annual Report notices and/or Notice of Dissolution for failure to file. Enclosed you will find a check in the amount of \$158.75. This includes the fee for the return certificate of status.

I would kindly ask that the corporation of Notturmo, Inc. be returned to active status. Should you have any questions regarding the foregoing, please do not hesitate to contact me.

Sincerely yours,



Michael I. Pugliese, Esq.