

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000067582

1. Corporation Name

PARMALAT GELATERIA MIAMI I, INC.

Principal Place of Business

520 MAIN AVE
WALLINGTON NJ 07057

Mailing Address

520 MAIN AVE
WALLINGTON NJ 07057

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1999

5. FEI Number

65-0957619

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--------------------------------|
| P | ROSICKI, MICHAEL | 520 MAIN STREET | WALLINGTON NJ 07057 |
| T | RIEMMA, MARIO | 520 MAIN AVE | WALLINGTON NJ 07057 |
| S | PAOTO ZINI, GIAN | 520 MAIN AVENUE | WALLINGTON NJ 07057 |
| AT | SWEENEY, ANNUZIATA | 520 MAIN AVENUE | WALLINGTON NJ 07057 |
| T | Lakha, A. | 520 main AVENUE | Wallington, NJ 07057 |

8. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. Meridian St.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

REINSTATEMENT 03 TS

City

State | Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

Asst. Sec.

REGISTERED AGENT MUST SIGN

Date

11-3-03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

973-777-2500
Daytime Phone #

CR2E040 (7/03)



Page 2
Parmalat USA
Strategic Business unit
520 Main Avenue
Wallington, NJ 07057
PO Box # 3340

Tel: 973-777-2500

Fax: 973-249-3839

Parmalat Nourishes Life

October 13, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

Parmalat Gelateria Miami 1, Inc., FEIN 65-0957616, is in receipt of your Notice of Administrative Dissolution or Revocation.

Please waive the reinstatement fee because we did not receive the two prior uniform business reports. In order to rectify our delinquency we have enclosed a check for \$150 and the completed application.

Thank you for your assistance.

Sincerely,


Nancy Sweeney
Director of Finance and Risk Management

enclosures