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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P99000069933

1. Corporation Name
Silvana Facchini Gallery, Inc.
d/b/a Silvana Facchini Gallery and
d/b/a Silvana Facchini Fine Arts.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
Ms. Silvana Facchini	c/o AGI Registered Agents
Suite, Apt. #, etc.	Suite, Apt. #, etc.
35 N.E 38th street	1200 Brickell Ave. Suite 900
City & State	City & State
Miami Florida	Miami Florida
Zip / Country	Zip / Country
33137 U.S.A.	33131 U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 65-0939012 ☐ 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
AGI Registered Agents

Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Ave.

Suite, Apt. #, Etc.
Suite 900

City | State | Zip Code
Miami | FL | 33131

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] President
REGISTERED AGENT MUST SIGN

Date 1/18/01

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
P,S,T	Silvana Facchini	35 N.E 38th street	Miami Fl 33137
D,V.P	Isabella Facchini	35 N.E 38th street	Miami Fl 33137
			AD

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] SILVANA FACCHINI, President/Director 1/18/01 (305) 416-6820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

CORPORATION REINSTATEMENT

SILVANA FACCHINI GALLERY, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75

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