

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000069933

FILED  
Oct 12, 2004  
Secretary of State

Entity Name: SILVANA FACCHINI GALLERY, INC.

## Current Principal Place of Business:

MS. SILVANA FACCHINI  
35 N.E. 38TH STREET  
MIAMI, FL 33137

## New Principal Place of Business:

MS. SILVANA FACCHINI  
1929 NW 1ST AVENUE  
MIAMI, FL 33136

## Current Mailing Address:

C/O AGI REGISTERED AGENTS  
1200 BRICKELL AVE., SUITE 900  
MIAMI, FL 33131

## New Mailing Address:

1929 NW 1ST AVENUE  
MIAMI, FL 33136

FEI Number: 65-0939012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE SUITE 900  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

LORETTA FABRICANT CPA PA  
100 SE 2ND STREET  
3910  
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LORETTA FABRICANT

10/12/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: FACCHINI, SILVANA  
Address: 35 N.E. 38TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: DVP ( ) Delete  
Name: FACCHINI, ISABELLA  
Address: 35 N.E. 38TH STREET  
City-St-Zip: MIAMI, FL 33137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: FACCHINI, SILVANA  
Address: 1929 NW 1ST AVE  
City-St-Zip: MIAMI, FL 33136

Title: DVP (X) Change ( ) Addition  
Name: FACCHINI, ISABELLA  
Address: 1929 NW 1ST AVE  
City-St-Zip: MIAMI, FL 33136

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVANA FACCHINI

PRES

10/12/2004

Electronic Signature of Signing Officer or Director

Date