

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB -5 PM 2:46

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # PO0000010585

1. Corporation Name

NYSE & Holding Corp.

2. Principal Office Address

444 OCEAN DRIVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

444 OCEAN DRIVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

REINSTATEMENT 0000-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

August 1999

5. FEI Number

Applied For

☒ **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

GIANFRANCO BAIONI

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

444 OCEAN DRIVE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

000003677770 4
02/13/01 01108 0110
****900.00 ****900.00

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**

Gianfranco Baioni
REGISTERED AGENT MUST SIGN

Date FEB-02-01

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
<u>PD</u>	<u>ETTORE D'Imperio</u>	<u>1054 KANE CONCOURSE</u>	<u>BAY HARBOR, FL 33154</u>
<u>VDS</u>	<u>GIANFRANCO BAIONI</u>	<u>444 OCEAN DRIVE</u>	<u>MIAMI BEACH, FL 33139</u>

KE

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:

Gianfranco Baioni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB-02-01 3056722656

Date

Daytime Phone #