

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 FEB 26 PH 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000088430

1. Corporation Name

LA COMPAGNIA DELL' OLIO, INC.

Principal Place of Business

Mailing Address

1021 IVES DAIRY ROAD
NORTH MIAMI BEACH FL 33179

1021 IVES DAIRY ROAD
NORTH MIAMI BEACH FL 33179

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For
ot Applicable

City & State

City & State

65-0953036

Zip

Country

Zip

Country

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
PSTD	CECCONI, ALESSANDRO	1021 IVES DAIRY ROAD	NORTH MIAMI BEACH FL 33179
			700003809547--0 -03/07/01--01009--005 ****150.00 ****150.00
			700003809547--0 -03/07/01--01009--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name ALESSANDRO CECCONI
Street Address (P.O. Box Number is Not Acceptable)
1021 IVES DAIRY ROAD
Suite, Apt. #, Etc. MIAMI SUITE 113
City State FL Zip Code 33139

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/11/00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/00
ALESSANDRO CECCONI 3056551142