

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|--------------------------------------|--|---|---|
| CORPORATION REINSTATEMENT | | THE STATE OF FLORIDA REINSTATEMENT COMMISSION BY THE SECRETARY OF STATE FOR THE DIVISION OF CORPORATIONS | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|--|---|---|

DOCUMENT # P99000088430

1. Corporation Name

LA COMPAGNIA DELL' OLIO, INC.

2. Principal Office Address - No P.O. Box #

1425 BRICKELL AVENUE

3. Mailing Office Address

1425 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE: 62-E

Suite, Apt. #, etc.

SUITE: 62-E

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip
33131

Country
33131

Zip
33131

Country

7. Name and Address of Current Registered Agent

Name

ALESSANDRO CECCONI

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

1425 BRICKELL AVENUE

Suite, Apt. #, Etc.
SUITE: 62-E

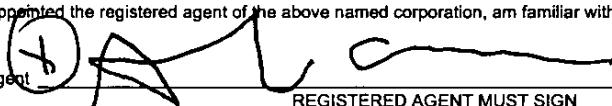
City
MIAMI

State
FL

Zip Code
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



Date 12-19-2008

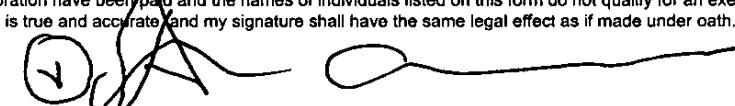
REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| PSTD | ALESSANDRO CECCONI | 1425 BRICKELL AVENUE, STE: 62-E | MIAMI, FL 33131 |
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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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-2008

Date

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 23 AM 10: 54

REINSTATEMENT 07-08 ^{KS}

4. Date Incorporated or Qualified
To Do Business in Florida 10/06/1999

5. FEI Number
650953036

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.