

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 23 AM 10:54

DOCUMENT # P99000088430

1. Corporation Name

LA COMPAGNIA DELL' OLIO, INC.

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

1425 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE: 62-E

City & State

MIAMI, FL

Zip

33131

Country

3. Mailing Office Address

1425 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE: 62-E

City & State

MIAMI, FL

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

REGISTERED AGENT MUST SIGN

Date 12-19-2008

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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12/23/08--01034--003 **300.00

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:

12-19-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 07-08^{K5}