PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT 31 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000094006

1. Corporation Name
Italian Leather Seating, Inc.

REINSTATEMENT 00901

2. Principal Office Address	3. Mailing Office Address
1041 Highway 98	1041 Highway 98
Suite, Apt. #, etc. Suite 1506	Suite, Apt. #, etc. Suite 1506
City & State Destin, Florida	City & State Destin, Florida
Zip 32541 Country USA	Zip 32541 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 10-25-99

5. FEI Number 59-3610500 ☐ 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
Dana C. Matthews

Street Address (P.O. Box Number is Not Acceptable)
1041 Highway 98 East

Suite, Apt. #, Etc.

City Destin State FL Zip Code 32541

LS

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 Dana C. Matthews Date 10-1-01
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Luca LaTrofa	VIA JAPIGIA 21	70029 SANTERAMO ITALY

10. I certify that I am an officer or director of 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: Luca LaTrofa 10-1-01 850-654-3326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #