PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
01 MAY 17 PM 2:07

DOCUMENT # P99000103846

1. Corporation Name
Bellaggio By Ansca, Inc

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-06/13/01--01009--015
****750.00 ****750.00

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
3333S Congress	3333 S Congress
Suite, Apt. #, etc. 401	Suite, Apt. #, etc. #401
City & State Delray Beach, FL	City & State Delray Beach FL
Zip 33445 Country	Zip 33445 Country

4. Date Incorporated or Qualified To Do Business in Florida 11-24-1999

5. FEI Number #65-0975972 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED X $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Charles Scardina

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****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 3333 S Congress Ave #401

Suite, Apt. #, Etc.: #401

City: Delray Beach State: FL Zip Code: 33445

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: Charles Scardina Date: 5-16-01
REGISTERED AGENT MUST SIGN

CR2E061 (8/00)

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
D/P	Charles Scardina	3333 S. Congress Ave #401	Delray Beach, FL 33445
D/VP	Ramzi Akel	3333 S. Congress Ave #401	Delray Beach, FL 33445
D	Angelo Scardina	3333 S. Congress Ave #401	Delray Beach, FL 33445

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******8.75 ******8.75
AD

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: Charles Scardina 5-16-01 561-243-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Charles Scardina) Date Daytime Phone #