PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR 97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV 26 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S18485

1. Corporation Name
NOVURANIA OF AMERICA, INC
4775 NW 132 STREET
MIAMI, FL 33054

Principal Place of Business	Mailing Address
SAME	SAME

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/90

5. FEI Number: 330049991 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	ROBERT COLLADA	10706 NE 9TH AVE	BISCAYNE PARK, FL 33161
V-PRES	MIRCO PELLEGRINI	VIA CIRCONVALLAZIONE	TIONE DI TRENTO, ITALY
SEC	FLAVIA PELLEGRINI	VIA CIRCONVALLAZIONE	TIONE DI TRENTO, ITALY
TREAS	SYLVIA COLLADA	10706 NE 9TH AVE	BISCAYNE PARK, FL 3316

REINSTATEMENT 97

8. Name and Address of Current Registered Agent

SYLVIA COLLADA
10706 NE 9TH AVE
BISCAYNE PARK, FL 33161

9. Name and Address of New Registered Agent

Name: SYLVIA COLLADA 11/26/97
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.: 10706 NE 9TH AVE
City: BISCAYNE PARK, FL State: FL Zip Code: 33161

900002360749--3
-12/02/97--01051--002
****750.00 ****750.00

CR2E040 (12/95)

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 _____ Date 11-24-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐ (See other side for information on intangible tax.)

12. 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: SYLVIA COLLADA 11-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #