

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 14 AM 8:00

**DOCUMENT # S61783**

**1. Corporation Name**

DGG DEVELOPMENT CORPORATION

8050 SW 157th Place  
8050 SW 157th Place

**2. Principal Office Address**

8050 SW 157th Place

**3. Mailing Office Address**

8050 SW 157th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33193

Country

USA

Zip

33193

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 06/24/1991

**5. FEI Number**

59-3075541

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 92-04**

**7. Name and Address of Current Registered Agent**

Name

J. WARREN BULLARD

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

18 NW THIRD AVENUE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34475

**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

*J. Warren Bullard*

REGISTERED AGENT MUST SIGN

Date July 20, 2004

**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	EVANGELISTA, GABRIELE	8050 SW 157th Place	Miami, FL 33193
D,S,T	CAPPONI, DANTE	P.O. BOX 954	Weirsdale, FL 32195-0954
D,VP	SFERRA, GIORGIO	8050 SW 157th Place	Miami, FL 33193

**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:**

*Gabriele Evangelista*

Gabriele Evangelista, Pres.

(305) 386-6052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SEPT - 7 - 2004

Daytime Phone #

CR2E081 (01/04)