PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 DEC 19 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S73140**

1. Corporation Name
LELLO MIAMI CORP.

Principal Place of Business	Mailing Address
950 S. MIAMI AVENUE SUITE 101 MIAMI FL 33130 US	950 S. MIAMI AVE SUITE 101 MIAMI FL 33130 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

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: 08/14/1991

5. FEI Number: 65-0278859 ☐ 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
PD	FERRADOR, SERGIO V	950 S. MIAMI AVE.	MIAMI FL 33130
VPD	~~LELLO NETO, LUIZ DE~~ PIMENTA, HERCULES R. DE V.	950 S. MIAMI AVE.	MIAMI FL
D	BAUZYS, ALGIRDAS	950 S. MIAMI AVE.	MIAMI FL 33130
SD	DE TOLEDO, JOSE R	950 S. MIAMI AVE.	MIAMI FL
T	GILLETTE, EDWARD C III	950 S. MIAMI AVE.	MIAMI FL 33130

8. Name and Address of Current Registered Agent

HERCULES RICARDO DE VICENZE PROMENTA
VINCENZI PIMENTA
950 S. MIAMI AVE.
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name: 000002380130--1
12/22/97-01033-001
****750.00 ****750.00
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (8/97)

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: 11/6/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ 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: _____ . HERCULES RICARDO DE VINCENZI PIMENTA 11/6/97 (305) 5308448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #