

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  
DIVISION OF CORPORATIONS

01 JUL -2 AM 9:49

DOCUMENT #

577610

1. Corporation Name

POSITANO INC.

2. Principal Office Address

4027 TROUT CREEK ROAD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

DR. HOUSE

Suite, Apt. #, etc.

City & State

SIDNEY CENTER N.Y.

City & State

Zip

13839

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01-01-92

5. FEI Number

65-0297896

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

MARIE T. SMITH

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

P. 12015 GRIFFING BLVD.

Suite, Apt. #, Etc.

BISCAYNE PARK

City

13839

State

FL

Zip Code

33161

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

*Savino Grasso* *Marie T. Smith*

Date

4-17-01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	SAVINO GRASSO	27 TROUT CREEK ROAD	SIDNEY CENTER, N.Y. 13839
	Marie Smith		000004467660--9
	Griffing Blvd.		-07/10/01--01069--005
	Biscayne Park, Florida 33161		***1500.00 ***1500.00

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:

*Savino Grasso* SAVINO GRASSO

4-17-01

Date

607-369-4339

Daytime Phone #