

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1/2

05 MAY 25 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #877610

1. Corporation Name
Positano, Inc.

800055718668
06/03/05--01002--004 **635.00

2. Principal Office Address
c/o 27 Trout Creek Road

3. Mailing Office Address
c/o 27 Trout Creek Road

Suite, Apt. #, etc.
Pvt. House

Suite, Apt. #, etc.
Pvt. House

City & State
Sidney Center, NY

City & State
Sidney Center, NY

Zip Country
13839 USA

Zip Country
13839 USA

REINSTATEMENT

@
02-05

4. Date Incorporated or Qualified
To Do Business in Florida 08/30/1991

5. FEI Number
650297896

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)
12015 Griffing Blvd.

Suite, Apt. #, Etc.

City
Biscayne Park

State Zip Code
FL 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 *Marie T. Smith*
REGISTERED AGENT MUST SIGN

Date 5/11/05

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, NY 13839

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/05 607-935-0700
Date Daytime Phone # 0700

CR2ED01 (01/05)

May 23, 2005

2/2

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

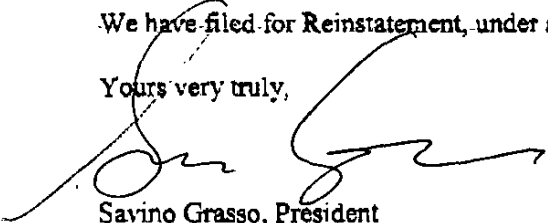
RE: Positano, Inc. - Reinstatement ✓
Document #S77610

Dear Sir/Madam:

Please be advised that the above-named corporation, Positano, Inc., never received its 2002-2004 Annual Report.

We have filed for Reinstatement, under a separate letter.

Yours very truly,



Savino Grasso, President
Positano, Inc.
P.O. Box 341
Sydney Center, NY 13849