

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -3 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S86412

1. Corporation Name

Cento Anni, Inc.

2. Principal Office Address - No P.O. Box #

517 SW First Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Zip

33301

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **1991**

5. FEI Number

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

Eugene M. Kennedy

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

964 SE 9th Avenue

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

9/25/09

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
P,D	Diane Shepard	964 SE Ninth Avenue	Pompano Beach, FL 33060

10. E-mail Address: **emkpa@bellsouth.net**

(To be used for future annual report notification)

11. 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. I further certify 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:

Diane Shepard

Diane Shepard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 25, 2009 954 781-7379

Date

Daytime Phone #

**Cento Anni, Inc.
517 SW First Ave
Fort Lauderdale, FL 33301**

September 30, 2009

Florida Dept. of State
Secretary of State
Division of Corporations
Reinstatements
P.O. Box 6327

Gentlemen:

Upon inquiry in the last few days about annual renewal, I discovered that this company was apparently administratively dissolved in September of 2007. We did not receive any notices in this matter then or since. Please accordingly waive the re-instatement fee as set out in the reinstatement instructions.

I appreciate the consideration in the circumstances.

A handwritten signature in cursive script, reading "Diane Shepard".

Diane Shepard, Pres.