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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 SEP 20 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V19549

1. Corporation Name

Cinque Soci Limited Inc.

REINSTATEMENT 97-04

2. Principal Office Address	3. Mailing Office Address
1083 No. Collier Blvd #135	c/o CB&B 666 Summer Street
Suite, Apt. #, etc	Suite, Apt. #, etc
—	
City & State: Marco Island, FL	City & State: Stamford, CT
Zip: 34145 Country: Collier	Zip: 06901 Country: Fairfield

4. Date Incorporated or Qualified To Do Business in Florida: March 9, 1992

5. FEI Number: 65-0317015 ☐ 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: Prentice Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes Street

Suite, Apt. #, Etc:

City: Tallahassee State: FL Zip Code: 32301

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: Cynthia L. Harris **Cynthia L. Harris as its agent** Date: 9/20/04

REGISTERED AGENT MUST SIGN

CR2E018 (10/04)

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. Treas	Stephen Gerard	35 VanRensselaer Avenue	Stamford, CT 06902
VP Secy	Antonia Gerard	35 VanRensselaer Avenue	Stamford, CT 06902
Asst. Secy.	Ward F. Cleary	666 Summer Street	Stamford, CT 06901

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: Ward F. Cleary 203-324-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

CINQUE SOCI LIMITED INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,808.75