

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 PH 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

V53642

1. Corporation Name

The Amatti Company, Inc.

2. Principal Office Address

2748 NE 23rd Avenue

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

3. Mailing Office Address

2748 NE 23rd Avenue

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

000008897740
11/08/02--01123--009 **758.75

REINSTATEMENT 2002

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/1992

5. FEI Number

65-0350762

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

David A. Chenkin, Esq.

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

8551 W. Sunrise Blvd.

Suite, Apt. #, Etc.

Suite 208

City

Plantation

State

FL

Zip Code

33322

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

11/4/02

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	Nicolo, Richard	2748 NE 23rd Avenue	Lighthouse Point, FL 33064
S	Mata, Angie	2748 NE 23rd Avenue	Lighthouse Point, FL 33064

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6/02

954-610-4035

CR2E081 (9/00)