

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # **V54071**

1997 A/R

1. Corporation Name

SANTAMBROGIO BUILDINGS, INC.

Principal Place of Business

Mailing Address

634 WASHINGTON AVENUE
MIAMI BEACH FL 33139

780 N.E. 69 ST. #2009
MIAMI FL 33138

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1992

5. FEI Number

65-0354951

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	GAMBETTI, ROBERTO	780 N.E. 69 ST. #2401	MIAMI BEACH FL 33138
VPDS	GOLDSTEIN, LEROY M.	112 OCEAN DRIVE	MIAMI BEACH FL 33139
TD	GUARNIERI, ROSARIO	780 N.E. 69 ST. #2501	MIAMI FL 33138
SD	FERSINI, GIACOMO	780 N.E. 69 ST. #2009	MIAMI FL 33138
AS	GOLDSTEIN, LEROY M.	112 OCEAN DRIVE	MIAMI BEACH FL
			7808802173017-4 -05/09/97--01034--001 ***173.75 ***173.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FREEMAN, ROBERT A
2601 S. BAYSHORE DR.
SUITE 1425
MIAMI FL 33133

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

president

Date

Daytime Phone #

4/30/97

858-3292

3057

CR2040 (7/96)