



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000043824 1. Entity Name ITALIANO DEVELOPMENT COMPANY, LLC			FILED 07 OCT -5 PM 3: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 5607 JOHNS ROAD SUITE 1001 TAMPA, FL 33634		Mailing Address 5607 JOHNS ROAD SUITE 1001 TAMPA, FL 33634	
2. Principal Place of Business - No P.O. Box # 3225 S. MacDill Ave	3. Mailing Address 3225 S. MacDill Ave.		
Suite, Apt. #, etc. Suite 129-263	Suite, Apt. #, etc. Suite 129-263	09262007 REIN-LLC CR2E101 (1/07)	
City & State Tampa, FLORIDA	City & State Tampa, FLORIDA	4. FEI Number 03-0557760	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33629	Country USA	Zip 33629	Country USA
6. Name and Address of Current Registered Agent BOGGS, DAVID M 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Salvatore A. Italiano Street Address (P.O. Box Number is Not Acceptable) 3225 S. MacDill Ave. Suite 129-263 City Tampa FL Zip Code 33629	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Salvatore A. Italiano <i>Salvatore A. Italiano</i> 9-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP <input type="checkbox"/> Delete ITALIANO, SALVATORE A 5607 JOHNS RD SUITE 1001 TAMPA, FL 33634	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3225 S. MacDill Ave, Suite 129-263 Tampa, Florida 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300110183033 10/02/07--01038--025 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: Salvatore A. Italiano <i>Salvatore A. Italiano</i>		Date: 9-26-07	Daytime Phone #: 813-251-1253
<h1 style="font-size: 2em; opacity: 0.5;">REINSTATEMENT</h1>			