

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 DEC -5 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 748937

1. Corporation Name

The Italians Foundation, Inc.

Principal Place of Business  
1001 Brickell Bay Drive  
Suite 1508  
Miami, Florida 33131

Mailing Address  
SAME

REINSTATEMENT 94-97

G. Alan  
12/5/97

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

2. New Principal Office Address, If Applicable

SAME  
Suite, Apt. #, etc.  
1508  
City & State  
Miami, Florida  
Zip  
33131 Country  
USA

3. New Mailing Office Address, If Applicable

SAME  
Suite, Apt. #, etc.  
City & State  
SAME  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-1961896

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	John Gale	1001 Brickell Bay Drive Suite 1508	Miami, Florida 33131
V.P.	Joseph Spina	216 Southeast 6th Street	Dania, Florida 33004
V.P.	John Moffi	1721 Briarwood Terrace	Davie, Florida 33325
V.P. Sec.	Arlene Terrinoni	6039 Collins Avenue #1607	Miami Beach, Florida 33140
V.P.	Joseph Settichese	1620 South Ocean Boulevard	Pompano Beach, Florida 33032

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
John Gale  
Street Address (P.O. Box Number is Not Acceptable)  
1001 Brickell Bay Drive  
Suite, Apt. #, Etc.  
1508  
City  
Miami  
500002368825-7  
-12/10/97-01103-008  
\*\*\*428 Supp Fee Code 428.75  
FL 33131

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  
*John Gale*  
REGISTERED AGENT MUST SIGN

Date 12/1/97

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: *John Gale*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN GALE 12/1/97 305-536-0106  
Date Daytime Phone #

CFR2045 (12/96)