

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

03 FEB 18 PM 12:25

TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

748937

**1. Corporation Name**

The Italians Foundation, Inc

**2. Principal Office Address**

1001 Brickell Bay Drive

**3. Mailing Office Address**

10711 S W 104 Street

**Suite, Apt. #, etc.**

Suite 1508

**Suite, Apt. #, etc.**

**City & State**

Miami, Florida

**City & State**

Miami, Florida

**Zip**

33131

**Country**

Miami-Dade

**Zip**

33176

**Country**

Miami-Dade

000012790250

02/19/03--01049--020 \*\*297.50

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9-17-1979

**5. FEI Number**

59-1961896

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**

Nat Naccarato

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

10711 S W 104 Street

**Suite, Apt. #, Etc.**

**City**

Miami

State  
FL

Zip Code  
33176

**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

Nat Naccarato

REGISTERED AGENT MUST SIGN

Date 2-10-03

**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/D	John Moffi	721 Briarwood Terrace	Davie, FL 33325
S/T/D	Arleme Terrinoin	6039 Collins Avenue Apt 1607	Miami Beach FL 33140
VP/D	Joseph Spina	216 S E 6 Street	Dania, FL 33004
D	John Gale	1001 Brickell Bay Drive	Miami, FL 33131
VP/D	Joseph Setticasa	1620 S Ocean Blvd	Pompano Beach, FL 33032

**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

2-10-2003

Date

(305) 598-2276

Daytime Phone #

CR2E081 (10/02)