

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L01000019112

FILED

02 DEC 30 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000019112

Name and Mailing Address

0002426 01 FP 0.352 **PRSRT TB 0 0615 33155-541940
ITALIC GROUP, LLC
8540 S.W. 48TH ST.
MIAMI FL 33155-5419

900009733639
12/30/02--01028--009 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 8540 S.W. 48TH ST. MIAMI FL 33155		5. Date Organized or Qualified To Do Business in Florida 11/06/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied for	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent DUNKLEY, LINDSAY 717 PONCE DE LEON BLVD., #310 CORAL GABLES FL 33134		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 12/27/02

REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	SICILIANO, JUAN	8540 SW 48 ST	MIAMI FL 33155
VP	BARATA, JOHANN	8540 S.W. 48TH ST.	MIAMI FL 33155
S	SICILIANO, SALVADOR	8540 S.W. 48TH ST.	MIAMI FL 33155
REINSTATEMENT			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date 12/27/02 Daytime Phone # (311) 461-4461

Typed or printed name of signing Managing Member/Manager