


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -9 PM 11:13

DOCUMENT # L05000043824 1. Entity Name ITALIANO DEVELOPMENT COMPANY, LLC					
Principal Place of Business % DAVID M. BOGGS, ESQ. 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602			Mailing Address % DAVID M. BOGGS, ESQ. 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602		
2. Principal Place of Business 5607 Johns Road Suite, Apt. #, etc. Suite 1001 City & State Tampa, Florida Zip 33634 Country USA		3. Mailing Address 5607 Johns Road Suite, Apt. #, etc. Suite 1001 City & State Tampa, Florida Zip 33634 Country USA		10132006 REIN-LLC CR2E101 (11/05)	
4. FEI Number 03-0557760				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
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 Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <i>Sal Italiano</i>			10/20/06 813-251-253		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					