

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000043824

1. Entity Name
ITALIANO DEVELOPMENT COMPANY, LLC



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.
Suite, Apt. #, etc.
Suite 129-263
City & State
Tampa, FLORIDA
Zip
33629
Country
USA

3. Mailing Address
3225 S. MacDill Ave.
Suite, Apt. #, etc.
Suite 129-263
City & State
Tampa, FLORIDA
Zip
33629
Country
USA

FILED
07 OCT -5 PM 3: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09262007 REIN-LLC CR2E101 (1/07)

4. FEI Number
03-0557760
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$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
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 Salvatore A. Italiano 9-26-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ITALIANO, SALVATORE A 5607 JOHNS RD SUITE 1001 TAMPA, FL 33634 <input type="checkbox"/> Delete	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
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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 SALVATORE A. ITALIANO 9-26-07 813-251-1253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #