

1999-2003

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 MAY 20 AM 8:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L93000000417

1. Limited Liability Company's Name

Italawede International, LC

2. Principal Office Address

7549 Lodge Pole Trail

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32792

Country

USA

3. Mailing Office Address

P.O. Box 4488

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32793-4488

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

1994

6. FEI Number

59-3252152

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael J. Gasdick

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

37 N. Orange Ave.

Suite, Apt. #, Etc.

Suite 210

City

Orlando

State

FL

Zip Code

32801

9. 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

Michael J. Gasdick

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Nicastro, Giacomo	Ormbergsvagen 10	117 67 Stockholm, Sweden
MEM	Nicastro, Salvatore	Ormbergsvagen 10	117 67 Stockholm, Sweden
MEM	Nicastro, Anita H.	Ormbergsvagen 10	117 67 Stockholm, Sweden

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11. 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

Salvatore Nicastro

Date

Daytime Phone# 407-875-2760

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

PTWON

**PARKS, TSCHOPP,
WHITCOMB
& ORR,
P.A.**
Certified Public Accountants

292

2600 Maitland Center Parkway
Suite 330
Maitland, Florida 32751
Telephone: 407 875-2760
Fax: 407 875-2762

March 21, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Taxpayer: Italaswede International, L.C.
EIN: 59-3252152

RE: Reinstatement

To whom it may concern:

Please find enclosed an Application for Reinstatement for the above named taxpayer. The taxpayer is out of the country for several months at a time, so they have their corporate mail forwarded to their attorney. The attorney moved, and did not change the mailing address for this taxpayer with the Florida Department of Revenue. Per my telephone conversation with the Division of Corporations, the taxpayer is remitting \$250 for the years ending 1999-2003 (\$50 per year) that they are delinquent. Please abate any late filing penalties or reinstatement fee.

We apologize for any inconvenience this has caused. Please update your records with the new address and feel free to call us at (407) 875-2760.

Sincerely,



Kathie De Filippo

KD/ahs

Enclosure