

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

01-03 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 28 AM 9:06

DOCUMENT # 10000000 3506

1. Corporation Name

Sons of Italy Venice Lodge 2747, Inc.

2. Principal Office Address

c/o Brenner

3. Mailing Office Address

c/o Brenner

Suite, Apt. #, etc.

11 Tarpon Ctr Dr #103

Suite, Apt. #, etc.

1100 Tarpon Ctr Dr #103

City & State

Venice, FL

City & State

Venice, FL

4. Date Incorporated or Qualified

To Do Business in Florida May 22, 2000

5. FEI Number

65-1003362

Applied For

Not Apply

Zip

34285

Country

Sarasota

Zip

34285

Country

Sarasota

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee req for a Certificate of Sta

7. Name and Address of Current Registered Agent

Name

Michael Gelormino

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

801 Auburn Lake Circle

DUUU14851680

03/27/03--01061--002 **183.75

Suite, Apt. #, Etc.

Venice, FL

City

Venice

State

FL

Zip Code

34292

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

REGISTERED AGENT MUST SIGN

Date March 24, 2003

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
PD	Michael Gelormino	801 Auburn Lake Circle	Venice, FL, 34292
VD	Cathy Mariani	2150 Dolphin Dr. W	Englewood, FL 34223
S	Constance Dooley	5896 Buchanan Rd	Venice, FL., 34293
T	Thomas Martorana	102 Capri Isles Blvd#102	Venice, FL., 34292
Fin/S	Frances Brenner	1100 Tarpon Ctr Dr #103	Venice, FL., 34285
Drator	Anthony Cagliostro	500 The Esplanade N #704	Venice, FL., 34285

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:

MICHAEL J GELORMINO Michael J Gelormino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03 941-484-0796

Date

Daytime Phone #

2128/03 ad