

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000000999

FILED  
Aug 03, 2005  
Secretary of State

**Entity Name:** ITALIAN CULTURAL FOUNDATION, INC.

**Current Principal Place of Business:**

7035 AIRPORT ROAD  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 770801  
NAPLES, FL 34107

**New Mailing Address:**

**FEI Number:** 74-3001424      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMITH, BRADLEY R CPA  
27657 OLD 41 ROAD  
BONITA SPRINGS, FL 34135      US

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.

SIGNATURE: BRADLEY R. SMITH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MORANI, RENALD  
Address: 13100 HAMILTON HARBOUR DR. #G-1  
City-St-Zip: NAPLES, FL 34104

Title: SD      ( ) Delete  
Name: SMITH, BRADLEY R  
Address: 27657 OLD 41 ROAD  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD      ( ) Delete  
Name: DELFINO, JOSEPH C  
Address: PMB 104 6017 PINE RIDGE ROAD  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENALD MORANI

PD

08/03/2005

Electronic Signature of Signing Officer or Director

Date