2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000002807

FILED Dec 11, 2009 Secretary of State

Entity Name: ITALIAN ANGELS MOTORCYCLES BROTHERHOOD, INC.

Current Principal Place of Business: New Principal Place of Business:

35246 US HWY 19 N- PMB 223 35246 US HWY 19N-PMB 223 PALM HARBOR, FL 34684 PALM HARBOR, FL 34684

Current Mailing Address: New Mailing Address:

35246 US HWY 19 N- PMB 223 12179 TALLWOOD STREET PALM HARBOR, FL 34684 SPRING HILL, FL 34608

FEI Number: 59-3719023 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:

DIANA, SAN
35246 US HWY 19 N- PMB 223
DIANA, SAM
35246 US HWY 19 N- PMB 243

35246 US HWY 19 N- PMB 223 35246 US HWY 19N-PMB 223 PALM HARBOR, FL 34684 US SPRING HILL, FL 34608 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: SAM DIANA 12/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 DIANA, SAM
 PRES

 Address:
 35246 US HWY 19 N- PMB 223
 Address:
 35246 US HWY 19N-PMB 223

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:
 SPRING HILL, FL 34608

Title: V () Delete Title: VP (X) Change () Addition

 Name:
 LANDI, ANTHONY R
 Name:
 PECORELLI, DAN VP

 Address:
 35246 US HWY 19 N- PMB 223
 35246 US HWY 19N-PMB 223

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:
 SPRING HILL, FL 34608

Title: SEC () Change (X) Addition

 Name:
 Name:
 MAURO, ROBERT SEC

 Address:
 Address:
 12179 TALLWOOD STREET

 City-St-Zip:
 City-St-Zip:
 SPRING HILL, FL 34608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SAM DIANA PRES 12/11/2009