

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 12 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002152

1. Corporation Name

ISTITUTO DI CULTURA ITALIANO, INC

2. Principal Office Address

410 MERIDIAN AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SECOND FLOOR

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL.

City & State

Zip

33139

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARINARI CRISTIANO

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

410 MERIDIAN AVENUE

Suite, Apt. #, Etc.

SECOND FLOOR

City

MIAMI BEACH, FL.

State

FL

Zip Code

33139

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

Cristiano Marinari CRISTIANO MARINARI

REGISTERED AGENT MUST SIGN

Date DEC. 8, 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
P,D	CRISTIANO MARINARI	410 MERIDIAN AVE. 2ND FLOOR	MIAMI BEACH, FL. 33139
VP,D	COSTANTINO MURICCHIO	410 MERIDIAN AVE. 2ND FLOOR	MIAMI BEACH, FL. 33139
S,D	ROBERTO DEGL'INNOCENTI	410 MERIDIAN AVE. 2ND FLOOR	MIAMI BEACH, FL. 33139

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:

Cristiano Marinari CRISTIANO MARINARI (ABS)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/8/2003

Daytime Phone #

305 5670629
305 4909976

CR2E081 (10/02)

ISTITUTO DI CULTURA ITALIANO, INC.

**Department of State
Division of Corporations
PoBox 6327
Tallahassee, FL. 32314**

December 8, 2003

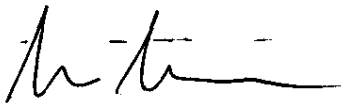
Re Doc. N02000002152 Istituto di Cultura Italiano, Inc.

Dear Sirs:

Due to a delivery error I was not aware of a request previously sent by your office to add a third Director to the Company . As result, my lack of response has provoked an involuntarily administrative dissolution of the Company.

However, since the UBR for 2003 was timely submitted with the proper payment and in light of the fact that this Company mission is only to provides cultural activities to the community, I respectfully request to have the Company reinstated and the penalty fees waived .

I sincerely appreciate your consideration to the matter.



Sincerely:
Cristiano Marinari

410 Meridian Avenue
second floor
Miami Beach, FL 33139

Phone: 305 567 0629
Fax: 305 567 0605
Email: marinari@itakultura.com