2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2005
Secretary of State

DOCUMENT# N04000010221

Entity Name: ITALIA NELLE AMERICHE CORP

Current Principal Place of Business:

155 OCEAN LANE DRIVE
1210
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

155 OCEAN LANE DRIVE
1210
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

PORPIGLIA, FRANCESCA
155 OCEAN LANE DRIVE
1210
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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: FRANCESCA PORPIGLIA
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D,P	( ) Delete
Name:	PORPIGLIA, DOMENICO	
Address:	155 OCEAN LANE DRIVE SUITE 1210	
City-St-Zip:	KEY BISCAYNE, FL 33149 US	
Title:	D	( ) Delete
Name:	GAMBALONGA CARLO,	
Address:	155 OCEAN LANE DRIVE SUITE 1210	
City-St-Zip:	KEY BISCAYNE, FL 33149 US	
Title:	D	( ) Delete
Name:	SALUSSOLIA, PIERO	
Address:	1548 BRICKELL AVENUE	
City-St-Zip:	MIAMI, FL 33129 US	
Title:	T	( ) Delete
Name:	PORPIGLIA, FRANCESCA	
Address:	155 OCEAN LANE DRIVE SUITE 1210	
City-St-Zip:	KEY BISCAYNE, FL 33149 US	
Title:	VP	( ) Delete
Name:	PUCCI, ANDREA	
Address:	155 OCEAN LANE DRIVE SUITE 1210	
City-St-Zip:	KEY BISCAYNE, FL 33149 US	
Title:	S	( ) Delete
Name:	CAPRIO, MARIA J	
Address:	155 OCEAN LANE DRIVE SUITE 1210	
City-St-Zip:	KEY BISCAYNE, FL 33149 US	

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:	
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: FRANCESCA PORPIGLIA T 10/11/2005
Electronic Signature of Signing Officer or Director — Date