


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N08000000076		
1. Entity Name FEDERAZIONE SICILIANI DELLA FLORIDA, INC.		

Principal Place of Business 2755 E. OAKLAND PARK BLVD., SUITE 101 OAKLAND PARK, FL 33306	Mailing Address 2755 E. OAKLAND PARK BLVD., SUITE 101 OAKLAND PARK, FL 33306
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
MULE', SALVO 2755 E. OAKLAND PARK BLVD., SUITE 101 OAKLAND PARK, FL 33306	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

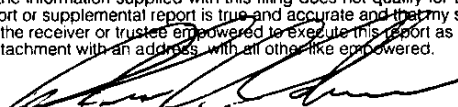
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULE', SALVO			NAME			
STREET ADDRESS	3030 NE 41ST STREET			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DI MARCO, SANTINO			NAME			
STREET ADDRESS	623 RIVIERA ISLE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMO, ALVINO			NAME			
STREET ADDRESS	1007 SW 5TH COURT			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRO, OTTAVIO			NAME			
STREET ADDRESS	7840 NW 50TH STREET			STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL, FL 33351			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LA MANTIA, DANIEL			NAME			
STREET ADDRESS	2100 SE 19TH STREET			STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEONE, SALVATORE			NAME			
STREET ADDRESS	3920 INVERRARY BLVD., #C-401			STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL, FL 33319			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  11/1/08 561 732-9761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
08 NOV -5 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11/06