


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 DEC 20 PM 12:31

CORPORATION REINSTATEMENT
2011-2013



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name I.T.A. Inc
NO9000002106

2. Principal Office Address - No P.O. Box #
3830 SW 9 CT
Suite, Apt. #, etc. FORT LAUDERDALE
City & State FLORIDA
Zip 33312 Country BROWARD

3. Mailing Office Address
3830 SW 9 CT
Suite, Apt. #, etc. FORT LAUDERDALE
City & State FLORIDA
Zip 33312 Country BROWARD

7. Name and Address of Current Registered Agent
Name DAVID PIERRE
Street Address (P.O. Box Number is Not Acceptable)
3830 SW 9 CT
Suite, Apt. #, Etc. FORT LAUDERDALE
City FL State FL Zip Code 33312

REINSTATEMENT 11-13

600253803166
11/13/13--01019--005 **236.25
CR2E081 (11/10)

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

600253803166
12/23/13--01058--004 **122.50

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 David Pierre Date 11-07-13
REGISTERED AGENT MUST SIGN

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	ROLAND Louis	2011 NW 55 AVE	LAUDERHILL FL 33313
V.P.	RENET DIEU JUSTE	1011 SW 39 AVE	FORT LAUDERDALE FL 33312
T.R.	DAVID PIERRE	3830 SW 9 CT	FORT LAUDERDALE FL 33312
S	JULBERT BRUTUS	576 W EVANSTON Circle	FORT LAUDERDALE FL 33312
CH	SH CLAUDY MATLOUIS	4609 SW 10 AVE LAKE CORAL	FLORIDA 33914

10. E-mail Address: DAVID.PIERRE@comcast.net
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
SIGNATURE: David Pierre Date 11/7/13 954 5912403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR