2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Aug 03, 2005
Secretary of State

DOCUMENT# N97000006443

Entity Name: SOCIETA DANTE ALIGHIERI D'ITALIA, INC.

Current Principal Place of Business:

800 DOUGLAS ROAD
225
CORAL GABLES, FL 33134

New Principal Place of Business:

1414 CORAL WAY
MIAMI, FL 33145 US

Current Mailing Address:

800 DOUGLAS ROAD
225
CORAL GABLES, FL 33134

New Mailing Address:

1414 CORAL WAY
MIAMI, FL 33145 US

FEI Number: 65-0847665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PASTOR, CLAUDIO
14030 LEANING PINE DR.
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

PASTOR, CLAUDIO
825 BRIKELL BAY DRIVE
#644
MIAMI, FL 33133 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: CLAUDIO PASTOR 08/03/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PASTOR, CLAUDIO
Address: 14030 LEANING PINE DR.
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete
Name: RUSSELL, EDITH
Address: 2907 S.W. 2 AVE.
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: FELICIONI, EUGENIA
Address: 751 S.W. 113 WAY
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PASTOR, CLAUDIO
Address: 825 BRIKELL BAY DRIVE #644
City-St-Zip: MIAMI, FL 33133

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: CLAUDO PASTOR D 08/03/2005
Electronic Signature of Signing Officer or Director Date