

2004 FOR PROFIT CORPORATION REINSTATEMENT

182

FILED

05 JAN -4 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10192004 REIN-P CR2E098 (6/04) *mrs*

DOCUMENT # P00000003476

1. Entity Name
GARIBALDI PICTURES, INC.



Principal Place of Business
609 N.W. NINTH AVENUE
GAINESVILLE, FL 32601

Mailing Address
609 N.W. NINTH AVENUE
GAINESVILLE, FL 32601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3620186

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARIBALDI, MICHELE
609 N.W. NINTH AVENUE
GAINESVILLE, FL 32601

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 *Michele Garibaldi*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/31/04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

REINSTATEMENT

04

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GARIBALDI, MICHELE A
STREET ADDRESS 609 N.W. NINTH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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: *Michele Garibaldi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

700044650877
01/12/05--01049--021 **150.00

12/31/04 352.378.6275

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December 31, 2004

Ms. Ruby Dunlap
Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Garibaldi Pictures Inc - Ref# P00000003476
Italia Pictures Inc - Ref# P00000003485

Ms. Ruby Dunlap,

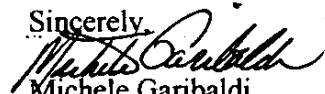
Thank-you for your kind assistance in helping to process my corporate annual reports.

As previously discussed I did not receive the annual report notices and uniform business report forms for 2004 for my companies.

Thank-you kindly for sending me the required forms and I respectfully request all waivers of any penalties associated with these filings.

Attached are the completed forms required and checks for filing fees.

Sincerely,


Michele Garibaldi
352.378.6275