

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 DEC 24 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000105785**

1. Corporation Name

ITALIA IMP, INC.

Principal Place of Business

**8401 NW 8 ST #307
MIAMI FL 33126**

Mailing Address

**8401 NW 8 ST #307
MIAMI FL 33126**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Handwritten initials



4. Date Incorporated or Qualified To Do Business in Florida		11/13/2000	
5. FEI Number		Applied For	
		<input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	KURTI, ALTIN	8401 NW 8 ST #307	MIAMI FL 33126

000004769760--2
01/11/02 01059 001
*****150.00 *****150.00

8. Name and Address of Current Registered Agent

**KURTI, ALTIN
8401 NW 8 ST #307
MIAMI FL 33126**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Handwritten signature

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-20-2001

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Handwritten signature

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-20-2001

Daytime Phone #

CR2ED40 (8/01)

12/20/01

To whom it may concern:

I never got a letter or form prior to this one. I called the 800 number and told me to write this letter. There is a \$150.00 money order enclosed. If you have any questions please call me at:

(305) 333-7050

or

(305) 456-6457

Sincerely yours,

ALTIN KURTI

