PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
03 MAY 27 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000135

1. Corporation Name

ITALIA U.S.A., INC.

Principal Place of Business	Mailing Address
~~1810 J + C BLVD~~ ~~SUITES 3-4~~ ~~NAPLES FL 34109~~	~~P O BOX 10817~~ ~~NAPLES FL 34101~~

2002-2003 UBR

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
25270 BERNWOOD DR.	P.O. BOX 368018
Suite, Apt. #, etc.: SUITE 1	Suite, Apt. #, etc.:
City & State: BONITA SPRINGS, FL.	City & State: BONITA SPRINGS, FL.
Zip: 34135 Country: USA	Zip: 34136 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/21/2000

5. FEI Number: 59-3680150 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HACKETT, STEVEN	15 BLUEBILL AVENUE, SUITE 504	NAPLES FL 34108
			300018443463 06/03/03--01047--001 **150.00
			300018443463 05/07/03--01014--013 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HACKETT, STEVEN ~~15 BLUEBILL AVENUE, SUITE 504~~ ~~NAPLES FL 34108~~	Name: Street Address (P.O. Box Number is Not Acceptable): 25270 BERNWOOD DR. Suite, Apt. #, Etc: SUITE 1 City: BONITA SPRINGS State: FL Zip Code: 34135

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: ~~SIGNATURE REQUIRED~~ Steven Hackett Date: April 29, 2003

REGISTERED AGENT MUST SIGN

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: ~~SIGNATURE REQUIRED~~ Steven Hackett STEVEN HACKETT 4/29/03 239-254-8955

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

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ITALIA USA, INC.

Makers of Pastalia™ Pasta Products and Sauces

April 29, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Fl. 32399

Gentlemen:

I have enclosed our application for reinstatement of our corporation, and I have enclosed the fee of $150.

Last year we moved to a new location. In spite of the fact that we filed the necessary mail-forwarding papers with the post office, we have had many problems with undelivered mail. I am assuming that this is the reason we did not receive the UBR notices sent by your department.

Thanks for you understanding.

Sincerely,

Steven P. Hackett

Steven P. Hackett, President
ITALIA USA, INC.

25270 Bernwood Drive #1 • Bonita Springs, Florida 34135
Tel. (239)254-8955 • Fax (239)254-8957 • www.Pastalia.com • www.PastaEquipment.com