

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 192

APPROVED AND FILED

04 NOV 10 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD1000081540**

1. Corporation Name

ITAL-CAST INC.

2. Principal Office Address

8310 NW 68 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33166

Country

USA

3. Mailing Office Address

8310 N.W. 68 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33166

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

8-20-01

5. FEI Number

65-1131307

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

JK

TK

7. Name and Address of Current Registered Agent

Name

WALTER MERIZALDE

Street Address (P.O. Box Number is Not Acceptable)

8310 NW 68 STREET

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Oct. 27/04

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
PSD	LUCIANO DITADI	8310 NW 68 ST.	MIAMI FL 33166
VTD	WALTER MERIZALDE	8310 NW 68 ST.	MIAMI FL 33166

300042638253
11/10/04--01049--006 **150.00

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 27/04

Daytime Phone #

(305) 594 3131

TELEPHONE: 305-513-3639
FAX: 305-513-4122

CABANAS & ASSOCIATES, P.A.
ACCOUNTING, TAX PLANNING & PREPARATION
SQUARE ONE BUSINESS CENTER
10520 N.W. 26TH STREET
SUITE C-201
MIAMI, FLORIDA 33172

MEMBER OF
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

PS 2 22

October 27, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

RE: ITAL-CAST INC.
DOCUMENT # P01000081540

Gentlemen:

We are the Accountants for the above-referenced Corporation and have been asked by our client to correspond with you concerning their late filing of their Annual Report for the year 2004.

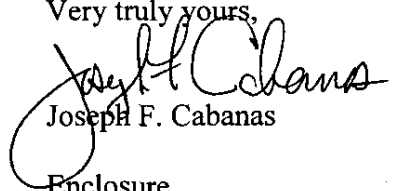
Please note that our client requests amnesty and abatement of the \$750.00 penalty. They never received the Annual Report application due to the fact that they moved at the beginning of 2004.

We are enclosing a signed Annual Report Form with a check for \$150.00 for the original filing fee.

We respectfully request that you please consider the above circumstances and abate the late filing penalty.

Thank you for your attention to this matter.

Very truly yours,


Joseph F. Cabanas

Enclosure