

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 19 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 03000028048

1. Corporation Name

I TRE AMICI CORP.
1077 ALLAMANDA WAY

2. Principal Office Address

1077 ALLAMANDA WAY

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

Zip

33327

Country

USA

Zip

33327

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/10/2003

5. FEI Number

06-168-1543

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 SW 22ND ST.

Suite, Apt. #, Etc.

4TH FLOOR

City

MIAMI

State

FL

Zip Code

33145

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

Date 11/18/2004

REGISTERED AGENT MUST SIGN

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
PD	SIDAROS, GEORGE	1077 ALLAMANDA WAY	WESTON, FLORIDA 33327
VD	NARANJO, EDGAR G	1077 ALLAMANDA WAY	WESTON, FLORIDA 33327
STD	CASTELLS, ROGER	1077 ALLAMANDA WAY	WESTON, FLORIDA 33327

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:

George Sidaros

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/2004

Date

305-532-3866

Daytime Phone #

CR2E081 (01/04)

ITRE AMICI CORP.
1077 ALLAMANDA WAY
WESTON, FLORIDA 33327

November 15, 2004

Department of State
Division of Corporations
409 E Gaines Street
Tallahassee, Florida 32399

Dear Sir or Madam:

Re: Document # P 03000028048

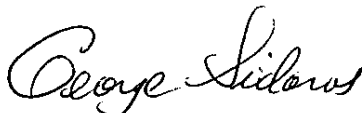
Please note that we try to open a bank account, when we were informed that our corporation was inactive.

We did not receive the annual report form, and therefore we did not renew the corporation.

Enclosed please find check for \$158.75 to cover for the renewal and the certificate of status.

I do appreciate your help in this matter

Yours truly,

A handwritten signature in cursive script, appearing to read "George Sidaros".

George Sidaros
President