


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000150797 1. Entity Name NUTEX MILANO CORPORATION					
Principal Place of Business 13472 N. W. 8TH TERRACE MIAMI, FL 33182			Mailing Address 13472 N. W. 8TH TERRACE MIAMI, FL 33182		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 35-2221613				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent REYNERI-CARLUCCI, LETICIA 13472 N. W. 8TH TERRACE MIAMI, FL 33182			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S REYNERI-CARLUCCI, LETICIA 13472 N. W. 8TH TERRACE MIAMI, FL 33182 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 any other like empowered.					
SIGNATURE: <u>LETICIA REYNERI CARLUCCI</u> <u>6/17/05 (305)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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SECRET
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

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June 27, 2005

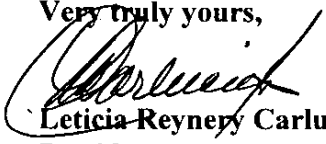
**Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314**

Dear Sir:

I am submitting a 2005 Reinstatement form for my corporation. I never received the renewal notice in the mail for the years 2004, 2005.

I have enclosed a check in the amount of \$300.00 for both years. Thank you very much for your cooperation.

Very truly yours,


**Leticia Reynery Carlucci
President**