2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000107649

Title:

Name:

Address:

City-St-Zip:

FILED Apr 11, 2008 Secretary of State

Entity Nar	ne: ITALITRA	DING USA INC.					
Current Principal Place of Business:				New Principal Place of Business:			
	ONTINA CT E, FL 34741	US		RATOGA CIR TIC BEACH, FL	. 32233	US	
Current Mailing Address:				New Mailing Address:			
	ITE MAGNOLI,), FL 32824	A CT US					
FEI Number:	20-1388816	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certifica	ate of Status Desired	() b
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
14820 WH	DEZ, GRACE ITE MAGNOLI, D, FL 32824	A CT US					
The above in the State		submits this statement for the p	ourpose of changi	ng its registered	office or r	egistered agent, o	or both,
SIGNATUR	RE: GRACE H	IERNANDEZ					
Electronic Signature of Registered Agent				Date			
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior r	otice.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () GOBBETTI, ALF 2207- G PONTII KISSIMMEE, FL	NA CT	Title: Name: Address: City-St-Z	`) Change	() Addition	
Title: Name: Address: City-St-Zip:	DIMILTA, BEN 8524 BOYSENE	Delete BERRY LANE EAST E, FL 32244 US	Title: Name: Address: City-St-Z	·) Change	() Addition	
Title: Name: Address: City-St-Zin:	S () MEJIAS, LUIS E 1851 LANDSTR	EET RD	Title: Name: Address: City-St-7	BARTOLON, I PO BOX 444	DARIO	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALFREDO GOBBETTI Ρ 04/11/2008

() Delete

() Change (X) Addition

BAKOR, HICHAM

12574 S. HICKORY LAKE DR.

JACKSONVILLE, FL 32225