

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 18 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052006 REIN-P CR2E098 (11/05) **06**

DOCUMENT # P05000156870 1. Entity Name ITALIANO MANAGEMENT COMPANY			
Principal Place of Business P.O. BOX 1531 TAMPA, FL 33601-1531		Mailing Address P.O. BOX 1531 TAMPA, FL 33601-1531	
2. Principal Place of Business 5607 JOHNS RD. Suite, Apt. #, etc. SUITE 1001 City & State TAMPA, FL Zip 33634 Country HILLSBOROUGH		3. Mailing Address 5607 JOHNS RD. Suite, Apt. #, etc. SUITE 1001 City & State TAMPA, FL Zip 33634 Country HILLSBOROUGH	
4. FEI Number 20-3948562		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGGS, DAVID M ONE TAMPA CITY CENTER, SUITE 2000 201 NORTH FRANKLIN STREET TAMPA, FL 33602		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	D ITALIANO, SALVATORE A P.O. BOX 1531 TAMPA, FL 336011531	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITALIANO, ANTHONY S SR P.O. BOX 1531 TAMPA, FL 336011531	<input type="checkbox"/> Delete	D ITALIANO, ANTHONY S SR 5607 JOHNS RD., STE 1001 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	D ITALIANO, SALVATORE A. 5607 JOHNS RD., STE 1001 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	000080957130 10/18/06--01034--003 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.			
SIGNATURE: <u>Anthony S. Italiano</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>10/10/06</u> <small>Date</small>	
ANTHONY S. ITALIANO, DIRECTOR			