2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000024019

1. Entity Name
AMICI CONSTRUCTION CO.

FILED

2007 NOV 26 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4984 RUSTIC OAK CIR. NAPLES, FL 34105	P. O. BOX-6282 BRANDON, FL 33508

11202007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	4984 RUSTIC OAK CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: NAPLES, FL 34105
Zip / Country	Zip / Country

4. FEI Number: 20-4351723 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MULE, GAETANO 4984 RUSTIC OAK CIR. NAPLES, FL 34105	Name: MULE, GIULIA Street Address (P.O. Box Number is Not Acceptable): 4984 RUSTIC OAK CIR. City: NAPLES FL Zip Code: 34105

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: Giulia Mule' 11-20-07
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, 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	P MULE, GAETANO 4984 RUSTIC OAK CIRCLE NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600112577425 11/26/07--01046--024 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ABBATE, SALVATORE M 4984 RUSTIC OAK CIRCLE NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MULE, GIULIA 4984 RUSTIC OAK CIRCLE NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Giulia Mule' 11-20-07 1-239-465-4566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/29
QD