

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 24 PM 12:03

DOCUMENT # P07000013201

1. Corporation Name

ITELIA GROUP, CORP

2. Principal Office Address - No P.O. Box #

9048 COLLINS AVE

Suite, Apt. #, etc.

#29

City & State

SURFSIDE, FL

Zip

33154

Country

US

3. Mailing Office Address

9048 COLLINS AVE

Suite, Apt. #, etc.

#29

City & State

SURFSIDE, FL

Zip

33154

Country

US

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida **1/29/2007**

5. FEI Number



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

GUSTAVO E LORENZO

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

9048 COLLINS AVE

Suite, Apt. #, Etc.

#29

City

SURFSIDE

State

FL

Zip Code

33154

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **12/7/2009**

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	GUSTAVO E LORENZO	9048 COLLINS AVE. #29	SURFSIDE, FL 33154

500163943925
12/24/09--01035--014 **300.00

10. E-mail Address: **trepat_lorenzo@hotmail.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

GUSTAVO E LORENZO

12/7/09

786-262-5360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #