## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P08000011724

Entity Name: FORTUNATA POSITANO CORP

FILED Nov 24, 2009 Secretary of State

Littly Nai	ille. FORTOI	NATA FOSITANO CORF.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NDY HOLLOW PRINGS, FL				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	NDY HOLLOW PRINGS, FL				
FEI Number:	: 90-0346962	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
10286 SAN BONITA S	CI, PAOLO NDY HOLLOW PRINGS, FL	34135 US			
	enamed entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE: PAOLO	MENICOCCI			
	Electro	nic Signature of Registered A	gent	Date	
		93(2)(b), F.S., the corporation did ng Trust Fund Contribution ( ).	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MENICOCCI, I	OOD LAKES BLVD. #208	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CASTIGLIONE 10286 SANDY	) Delete , MATTEO HOLLOW LANE NGS, FL 34135	Title: Name: Address: City-St-Zip:	( ) Change ( ) 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.

SIGNATURE: PAOLO MENICOCCI PRES 11/24/2009