

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P19633

FILED
Dec 05, 2005
Secretary of State

Entity Name: SARTORI IMPORT-EXPORT S.P.A. CORPORATION

Current Principal Place of Business:

MONTAGNANA (PD) ZONA INDUSTRIALE
CAP 35044, ITALY,

New Principal Place of Business:

MONTAGNANA (PD) ZONA INDUSTRIALE
MONTAGNANA, PD, ITALY, IT 35044 IT

Current Mailing Address:

MONTAGNANA (PD) ZONA INDUSTRIALE
CAP 35044, ITALY,

New Mailing Address:

MONTAGNANA (PD) ZONA INDUSTRIALE
MONTAGNANA, PD, ITALY, IT 35044 IT

FEI Number: 59-2892468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, STEPHEN W ACCT
% WALKER CPA, PA
3805 SOUTH WESTSHORE BLVD STE D
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

LETO, VINCENT A ESQ.
1907 WEST KENNEDY BLVD.
TAMPA, FL 33606 US

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.

SIGNATURE: VINCENT A. LETO, ESQ.

12/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SARTORI, CLAUDIO,
Address: MONTAGNANA ZONA INDUST.
City-St-Zip: CAP 35044, ITALY,

Title: S () Delete
Name: SARTORI, MANUELA,
Address: MONTAGNANA ZONA INDUST.
City-St-Zip: CAP 35044, ITALY,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SARTORI, CLAUDIO,
Address: MONTAGNANA ZONA INDUST.
City-St-Zip: CAP 35044, ITALY, IT 35044 IT

Title: S (X) Change () Addition
Name: SARTORI, MANUELA,
Address: MONTAGNANA ZONA INDUST.
City-St-Zip: CAP 35044, ITALY, IT 35044 IT

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLAUDIO SARTORI

PRES

12/05/2005

Electronic Signature of Signing Officer or Director

Date