

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 28 PM 12:59

DOCUMENT # P19633 1. Entity Name SARTORI IMPORT-EXPORT S.P.A. CORPORATION					
Principal Place of Business MONTAGNANA (PD) ZONA INDUSTRIALE MONTAGNANA, PD, ITALY, IT 35044 IT			Mailing Address MONTAGNANA (PD) ZONA INDUSTRIALE MONTAGNANA, PD, ITALY, IT 35044 IT		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2892468	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LETO, VINCENT A ESQ. 1907 WEST KENNEDY BLVD. TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> Vincent A. Leto Esq <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> 3/17/08 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$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	PD SARTORI, CLAUDIO MONTAGNANA ZONA INDUST. CAP 35044, ITALY, IT 35044	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300121545863 03/28/08--01041--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARTORI, MANUELA MONTAGNANA ZONA INDUST. CAP 35044, ITALY, IT 35044	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12/06/07 01011319 750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			08/03/08 <small>DATE</small>		
			46212- 260-3784 <small>Daytime Phone #</small>		

REINSTATEMENT