

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

02

UBA

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030992

1. Corporation Name

ITELCO USA, INC.

Principal Place of Business

8280 NW 27 ST
STE 501
MIAMI FL 33122
US

Mailing Address

8280 NW 27ST
STE 501
MIAMI FL 33122
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1224 FOREST PARKWAY

Suite, Apt. #, etc.

UNIT 140

City & State

WEST DEPTFORD

Zip

NJ

Country

08066

3. New Mailing Office Address, If Applicable

1224 FOREST PARKWAY

Suite, Apt. #, etc.

UNIT 140

City & State

WEST DEPTFORD

Zip

NJ

Country

08066

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1993

5. FEI Number

65-0409988

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	GIORGINI, ALBERTO	8280 NW 27 ST. STE 501	MIAMI FL
M	MANZO, BRUNO	8280 NW 27 ST, 501	MIAMI FL

8. Name and Address of Current Registered Agent

FROST, IRWIN M
100 SOUTHEAST 2ND STREET
37TH FLOOR
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

IRWIN M FROST

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

1111 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 2050

City

MIAMI

State

FL

Zip Code

33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Irwin M. Frost

Date

10/30/02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED

ALBERTO GIORGINI

11/4/02

856423-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P93000030992*

1. Entity Name

ITELLO USA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1224 FOREST PARKWAY

Suite, Apt. #, etc.

UNIT 140

City & State

WEST DEPTFORD

Zip

NJ

Country

USA

3. Mailing Address

1224 FOREST PARKWAY

Suite, Apt. #, etc.

UNIT 140

City & State

WEST DEPTFORD

Zip

NJ

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0409988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

IRWIN M. FROST

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

1111 BRICKELL AVENUE

SUITE 2050

City

MIAMI

FL

Zip Code

33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
ALBERTO GIORGINI
1224 FOREST PARKWAY, UNIT 140
WEST DEPTFORD, NJ 08066

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO GIORGINI

11/4/2002

856-423-0010

CR2E034B (12/01)



November 4, 2002

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

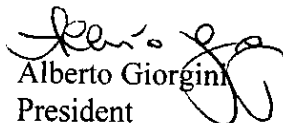
RE: Application for Reinstatement
Document# P93000030992

To Whom It May Concern:

Enclosed please find our completed Application for Reinstatement, 2002 Uniform Business Report and UBR filing fee in the amount of \$550.00. Itelco USA moved its location effective November 1, 2001 from Miami, FL to West Deptford, NJ. The two prior notices unfortunately did not reach our current location.

Please waive the reinstatement fee and reinstate our corporation as soon as possible. Should you have any questions, I can be reached at (856) 423-0010. Thank you for your cooperation in advance.

Sincerely,


Alberto Giorgini
President

Enclosures