

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. NOV - 2 AM 11:19

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96 000066928

## 1. Corporation Name

Sitindustrie, Inc. - U.S.A.  
C/O 500 North Westshore Boulevard, Suite 700  
Tampa, Florida 33609

REINSTATEMENT 00-04

## 2. Principal Office Address

Via Orlongetto 4

Suite, Apt. #, etc.

13018 Valduggia (VC)

City &amp; State

Zip

Country  
Italy

## 3. Mailing Office Address

500 North Westshore Boulevard

Suite, Apt. #, etc.

Suite 700

City &amp; State

Tampa, Florida

Zip

33609

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

8/12/96

## 5. FEI Number

59-3393212

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

Donna Baptiste

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

500 North Westshore Boulevard

Suite, Apt. #, Etc.

Suite 700

City

Tampa

State  
FLZip Code  
33609

## 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

Date 10/29/04

REGISTERED AGENT MUST SIGN

## 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
P	Fausto Bocciolone	Via Orlongetto, 4 13018 Valduggia (VC)	Italy
VP	Massimo Bocciolone	Via Orlongetto, 4 13018 Valduggia (VC)	Italy
S	Marco Cipriani	Via Orlongetto, 4 13018 Valduggia (VC)	Italy

500042611325  
11/09/04--01088--013 \*\*1350.00

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 OCT. 2004

Date

Daytime Phone #



## Cohen & Grieb, P.A.

*Certified Public Accountants*

500 North Westshore Boulevard • Suite 700 • Tampa, Florida 33609 • Tel: (813) 739-7200 • Fax: (813) 282-7225

October 29, 2004

*Shareholders:*

Robert Cohen, CPA  
Robert H. Frey, CPA  
Marc E. Goldstein, CPA  
Robert V. Grieb, CPA  
Jason Hamblin, CPA

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

**Re: Sitindustrie, Inc. – U.S.A.**  
**EIN: 59-3393212**  
**Form: Florida Corporation Reinstatement**

Gentlemen:

Enclosed is a Corporation Reinstatement for the above mentioned taxpayer and a check in the amount of \$1,350 for the reinstatement fee. The taxpayer has not had any activity in the United States in the past few years and was not aware that an Annual Report had to be filed each year.

If you have any questions or need additional information, please contact our office directly at 813-289-0782.

Thank you for your assistance with this matter.

Sincerely,

COHEN & GRIEB, P.A.

Donna Baptiste

DB:kac  
Enclosure  
cc: Mr. Fausto Bocciolone