

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

03 MAY 22 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p97000004318

1. Corporation Name

It@ly Network Group Inc
407 Lincoln Rd # 500
Miami Beach FL 33139

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3502367

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

500019837125

05/23/03--01027--020 **300.00

7. Name and Address of Current Registered Agent

Name

Tornero Carlos M

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

28 W Flagler # 600

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33130

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

REGISTERED AGENT MUST SIGN

Date

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
D	DOINO PAOLO	407 Lincoln Rd #500	Miami Beach FL 33139

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

Date

Daytime Phone #

CR2E031 (9/01)

5/29

Brito & Brito Accounting
407 Lincoln Road, Suite 500
Miami Beach, Fl 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534
May 20, 2003

Division of Corp.
Registration Section
P.O. Box FL 32314

Re.:It@ly Network Group Inc.
407 Lincoln Road suite 500
Miami Beach FL 33139

Please accept my payment of \$300.00 since my client never received his annual report. Thanking you in advance.

George Brito

Brito and Brito Accounting
CPA

