2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCÚMENT # P99000109184 1. Entity Name ITALTEAM ENTERPRISE, CORP. 07 APR -6 PM 2:38 Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 782 N.W. LEJEUNE ROAD, SUITE 428 782 N.W. LEJEUNE ROAD, SUITE 428 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. REIN-P 4 CR2E098 (1/07) City & State City & State Applied For 4. FEI Number 65-0972690 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PUIG, MAGALI L Street Address (P.O. Box Number is Not Acceptable) 782 N.W. LEJEUNE ROAD, SUITE 428 MIAMI, FL 33126 City Zip Code FL 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DP TITLE Delete TITLE Change ☐ Addition 2000963703 LOIZZO, ANTONIO NAME NAME 04/10/07--01046--005 STREET ADDRESS 782 NE LEJUNE RD., STE. 428 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PUIG, MAGALI L NAME NAME STREET ADDRESS 782 N.W. LEJEUNE ROAD, SUITE 428 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME FILIPPO, CALDERAZZI STREET ADDRESS 782 NW LEJEUNE RD., STE. 428 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 1/4/07 AND TYPED OR PRINTED NAME OF ucut BIGNING OFFICER OR DIRECTOR

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April 4, 2007

Division of Corporations P.O. Box 6198 Tallahassee, Florida 32314-6198

Re: ITALTEAM ENTERPRISE, CORP. 782 N.W. LeJeune Road Suite # 428 Miami, Florida 33126

> Doc. Number: P99000109184 FEI Number: 65-0972690

Gentleman:

Enclosed please find Reinstatement form, for the above corporation and a check in the amount \$ 300.00 for the year 2006 and 2007.

We never received the form for the report please abate the penalty since we were not aware that it was not done.

Thanking you for your help and cooperation in this matter.

Cordially,

Italteam Enterprise, Çorp.