

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109184

1. Corporation Name

ITALTEAM ENTERPRISE, CORP.

Handwritten initials

2. Principal Office Address

782 N.W. Lejeune Rd.

Suite, Apt. #, etc.

Suite 428

City & State

Miami, Florida

Zip

33126

Country

U.S.A.

3. Mailing Office Address

782 N.W. Lejeune Rd.

Suite, Apt. #, etc.

Suite 428

City & State

Miami, Florida

Zip

33126

Country

U.S.A.

500025525815
12/16/03--01034--012 **750.00

REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/99

5. FEI Number

65-0972690

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

MAGALI L. PUIG

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

782 N.W. Lejeune Rd.

Suite, Apt. #, Etc.

Suite 428

City

Miami,

State

FL

Zip Code

33126

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

Magali L. Puig

REGISTERED AGENT MUST SIGN

Date

11/7/03

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
PRES.	ANTONIO LOIZZO	Largo F.S.Nitti 39	70022 Altamura, Bari, Italy
SEC.	MAGALI L. PUIG	782 N.W. Lejeune Rd. #428	Miami, Florida 33126
TREAS	CALDERAZZI, FILIPPO	Via Porta Alba 47	Altamura, Bari, Italy

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)(f), 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:

Antonio Loizzo ANTONIO LOIZZO, PRESIDENT 11/7/03 (305) 442-8093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #