

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 728342 1. Entity Name 5300 MAINTENANCE AND MANAGEMENT CORPORATION						FILED 05 OCT 14 PM 4: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5300 WASHINGTON STREET HOLLYWOOD, FL 33021-8046				Mailing Address 5300 WASHINGTON STREET HOLLYWOOD, FL 33021-8046			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 59-1495451				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				10072005 REIN-NP CR2E099 (6/04)			
6. Name and Address of Current Registered Agent SCARAMUZZI, VINCENT 5300 WASHINGTON ST. D201 HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <u><i>Vincent Scaramuzzi</i></u> Signature, typed or printed name of registered agent and title if applicable.				<u>VINCENT SCARAMUZZI</u> (NOTE: Registered Agent signature required when reinstating)		<u>10/10/05</u> DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COPPETO, SUSAN 5300 WASHINGTON ST. P138 HOLLYWOOD, FL 33021	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACTIVE PRESIDENT SCARAMUZZI, VINCENT 5300 WASHINGTON ST D201 HOLLYWOOD FL 33021			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCRAMUZZI, VINCENT 5300 WASHINGTON ST. D201 HOLLYWOOD, FL 33021	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRIPPOLO, ROSEMARY 5300 WASHINGTON ST. M103 HOLLYWOOD FL 33021			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANOFF, CATHERINE 5300 WASHINGTON ST. Q202 HOLLYWOOD, FL 33021	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURABLIA, MARTHA 5300 WASHINGTON ST. R306 HOLLYWOOD FL 33021			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISAACS, MARY H 5300 WASHINGTON ST. C217 HOLLYWOOD, FL 33021	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060628845 10/14/05--01055--016 ***70.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAZEL, JEAN G 5300 WASHINGTON ST. Q224 HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/10/19			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. 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 617, 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.							
SIGNATURE: <u><i>Vincent Scaramuzzi</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>10/10/05</u> <u>(954) 962 0121</u> Date Daytime Phone #			