	7.122 IN C 1 C C 1 C 1 C C C C C	E COMPLETING THIS FURINLED
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STAT Secretary of State DIVISION OF CORPORATIONS	2009 APR -3 AM 10: 34
DOCUMENT # F 00000005 445 1. Corporation Name MAZZELLI & ASSOCIATES, TNC.		100148556871 04/03/0901020024 **5.00
IVAZZELEN & ASSO	JOIATES, INC 10	100148556871 04/03/0901020023 **550.00
2. Principal Office Address - No P.O. Box # 530 Bush 5+	3. Mailing Office Address 530 Bush Sh	REINSTATEMEN
Suite, Apt. #, etc. Suit—C 300 City & State	Suite, Apt. #, etc. Suite 300 City & State	4. Date Incorporated or Qualified To Do Business in Florida 7 30 1970
San Francisco, CA	Sour Francisco, CA	5. FEI Number Applied For Not Applied For Not Applicable
94108 USA	94108 USA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
	f Current Registered Agent	
NAMO NRAT Services, Inc		The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable)		clrcumstances which the entity did not receive the prior notices. By checking this box, you
'2731 Executive Park Drive		are certifying the prior notices were not
Suite, Apt. #, Etc.		received and requesting the reinstatement
city Weston	State Zip Code FL 33331	fee be waived,
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		
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list	et least 3 directors)
Titles Name of Officers and/or Directors	Street Address of	Each Could (7)
See Attached (1) pag		
		100148556871 04/0//0901007018 **53.75
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 relastatement 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 contained in Chapter 119, 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: 3/24/09 415-342-3266 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOSE DOSE DOSE PRODUCT #		

APPLICATION FOR CERTIFICATE OF AUTHORITY BY MAZZETTI & A SSOCIATES, INC.

NAMES AND ADDRESSES OF OFFICERS AND DIRECTORS:

OFFICERS:

Walter N. Vernon, President, 530 Bush Street Suite 300, San Francisco, CA 94108

John Pappas, Secretary, 530 Bush Street, Suite 300, San Francisco, CA 94108

Albert Ostroy, Treasurer, 530 Bush Street, Suite 300, San Francisco, CA 94108

DIRECTORS:

Rebecca Boutler, 530 Bush Street, Suite 300, San Francisco, CA 94108

John Inman, 530 Bush Street, Suite 300, San Francisco, CA 94108

John Karmiris, 530 Bush Street, Suite 300, San Francisco, CA 94108

Albert Ostroy, 530 Bush Street, Suite 300, San Francisco, CA 94108

John Pappas, 530 Bush Street, Suite 300, San Francisco, CA 94108

Ron Wilson, 2201 Dupont Drive, Suite 330, Irvine, CA 92612

Karl Atteberry, 520 SW Sixth Avenue, Suite 500, Portland, OR 97204

Hugh Nash, 3322 West End Ave, Suite 620, Nashville, TN 37203

Steve Burch 3322 West End Ave, Suite 620, Nashville, TN 37203

Chris Poland, 235 Montgomery St # 500, San Francisco, CA 94104