1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 30 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000040703

1. Corporation Name
SANZO & ASSOCIATES, INC.

500059103645
08/30/05--01010--003 **600.00

REINSTATEMENT 02-05

2. Principal Office Address		**3.** Mailing Office Address	
1095 S.W. 15TH AVENUE		1095 S.W. 15TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BOCA RATON, FL		City & State: BOCA RATON, FL	
Zip: 33486	Country: U.S.A.	Zip: 33486	Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 4/24/2000

5. FEI Number: 65-1041025 ☐ 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: STEVEN A. SANZO

Street Address (P.O. Box Number is Not Acceptable): 1095 S.W. 15TH AVENUE

Suite, Apt. #, Etc.:

City: BOCA RATON | State: FL | Zip Code: 33486

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: _____ Date: 8/2/2005

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
PD	STEVEN A. SANZO	1095 S.W. 15TH AVENUE	BOCA RATON, FL 33486

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: _____ STEVEN A. SANZO | 8/2/2005 | 561-620-9720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

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August 2, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Sanzo & Associates, Inc.
Document #: P00000040703
Reinstatement

Dear Sir or Madam,

I am writing this letter to formally request relief from the $600.00 reinstatement fee for my corporation referenced above. I never received my Corporate Annual Report for 2002 due to a change in my business location and was unaware that my filing responsibility was missed. My accountant informed me that my corporation was administratively dissolved and I needed to reinstate.

I am enclosing a completed Corporate Reinstatement form I downloaded from your website along with my annual filing fees due of $600.00 ($150.00 per year for 2002, 2003, 2004, and 2005). Please process the form without the $600.00 reinstatement fee since I never received notification that my annual filing was not done and I did not want to have my corporation dissolved due to this oversight.

I appreciate your consideration in allowing this reinstatement.

Sincerely,

Steven A. Sanzo
President