CORPORATION REINSTATEMENT



FLORIDA DEPARAMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93 0000 63361

1. Corporation Name J N FAZIO, INC FILED

06 DEC 18 # 7: 18

SEORETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office a 2552 ANDER	Address SON DRIVE W	3. Mailing Office	REINSTATEMENT		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 9-7-1993	
City & State CLEARWATER, FLORIDA		City & State SAME.AS #2		5. FEI Number 59-3212536	Applied For Not Applicable
^{Zip} 33761	Country	Zip #2	Country		Additional Fee required Certificate of Status

	tor a Certificate					
7. Name and Address of Current Registered Agent						
Name JOSEPH FAZIO						
Street Address (P.O. Box Number is Not Acceptable) 2552 ANDERSON DRIVE W						
Suite, Apt. #, Etc.						
City CLEARWATER	State Zip Code FL 33761					

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.

Agent REGISTER	ED AGENT MUST SIGN	Date NOVEMBER 28, 2006					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Name of Officers and/or Directors	Street Address of Each .rfficer and/or Director	City / State / Zip					
NORMA FAZIO	2552 ANDERSON DR W	CLEARWATER, FL 33761					
JOSEPH FAZIO	2552 ANDERSON DR W	CLEARWATER, FL 33761					
		EM0082831078					
	1	2/28/0601045021 **150.00					
	REGISTER and Street Addresses of Each Officer and/or Direct Name of Officers and/or Directors NORMA FAZIO	REGISTERED AGENT MUST SIGN and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directly officers and/or Directors					

10.1 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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH FAZIC: VP

11-28-06

CR2E081 (01/05)

282

November 28, 2006

Re: J N Fazio, Inc. Reinstatement

To Whom it May Concern,

Enclosed please find my reinstatement form as well as a check for 150.00 to bring my corporation up to date thru 2006 and a certificate of status. I had not ever received a 2006 renewal and I believe it may be due to an incorrect zip code.

Thank you for your time in this matter.

Sincerely,

Vice President