

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 JUL 31 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 205000069164

1. Corporation Name
SERVIZIO, INC.

Principal Place of Business Mailing Address
1092 Jupiter Park Lane, Suite 220-230
Jupiter, FL 33458

REINSTATEMENT 98-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
3. New Mailing Office Address, if Applicable
4. Date Incorporated or Qualified To Do Business in Florida 9/5/95
5. FEI Number 65-0603854
6. CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes David Castelhana and Dana Castelhana.

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-08/04/98-01083-031
\*\*\*1058.75 \*\*\*1058.75
7-31-98

8. Name and Address of Current Registered Agent

David Castelhana
1092 Jupiter Park Lane, Suite 220-230
Jupiter, FL 33458

9. Name and Address of New Registered Agent

Name Scott Kramer, Esq.
Street Address (P.O. Box Number is Not Acceptable) 6650 W. Indiantown Road,
Suite, Apt. #, Etc. Suite 200
City Jupiter State FL Zip Code 33458

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Scott Kramer REGISTERED AGENT MUST SIGN

Date 7/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes [X] No [X]

(See other side for information on intangible tax.)

12. 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: David Castelhana 7/29/98 (561) 747-3311

CR200-0 (1/98)