


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **HOUBON** REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 29 AM 11:32

DOCUMENT # **P95000069164**
 1. Corporation Name
SERVIZIO, INC.

Principal Place of Business	Mailing Address
1092 JUPITER PARK LN SUITE 110-140 JUPITER FL 33458	1092 JUPITER PARK LN SUITE 110-140 JUPITER FL 33458



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/05/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0603854	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					

09-06-01 90053 0.31 6550-00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	CASTELHANO, DAVID	1092 JUPITER PARK LANE STE 220-2	JUPITER FL 33458
VPS	CASTELHANO, DANA	1092 JUPITER PARK LANE STE 220-2	JUPITER FL 33458

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KRAMER, SCOTT ESQ. 6650 W. INDIAN TOWN RD. SUITE 200 JUPITER FL 33458		Name CRAIG I. KELLEY, ESQ.	
		Street Address (P.O. Box Number is Not Acceptable) 1655 PALM BEACH LAKES BLVD	
		Suite, Apt. #, Etc. SUITE 1012	
		City WEST PALM BEACH	State Zip Code FL 33401

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 **Craig I. Kelley** **REGISTERED AGENT MUST SIGN** Date **10/22/01**

11. 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: **[Signature]** **REGISTERED AGENT MUST SIGN** Date **10/22/01** Daytime Phone #

CR2E040 (8/01)