

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB -8 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000005183

1. Corporation Name

MAGLIO-ACCUFACTS PRE-EMPLOYMENT SCREENING, INC.

Principal Place of Business

Mailing Address

6 GREENE STREET  
NEW YORK NY 10013

6 GREENE STREET  
NEW YORK NY 10013

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/1999

5. FEI Number

13-4108277

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LUIZZO, PHILIP	6 GREENE STREET	NEW YORK NY 10013
VD	SVEDESE, JOHN	6 GREENE STREET	NEW YORK NY 10013
SD	LUIZZO, ANTHONY	6 GREENE STREET	NEW YORK NY 10013
D	LUIZZO, FRANK	6 GREENE STREET	NEW YORK NY 10013
D	FLATTERY, JOSEPH	6 GREENE STREET	NEW YORK NY 10013
100003743581-4 -02/20/01--01084--010 ****900.00 ****900.00			

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name  
NRAI Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
526 E. Park Avenue  
Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

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

*Fred Larison*  
REGISTERED AGENT MUST SIGN  
Fred Larison, Assistant Secretary

Date 2/7/01

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:

*Philip Luizzo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Philip Luizzo

1/30/01  
Date

212 966 0666  
Daytime Phone #

CR2E040 (8/00)