

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F99000005183**

1. Corporation Name

MAGLIO-ACCUFACTS PRE-EMPLOYMENT SCREENING, INC.

Principal Place of Business

6 GREENE STREET
NEW YORK NY 10013

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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 PATTERSON, JAMES	6 GREENE STREET	NEW YORK NY 10013
D	FLATTERY, JOSEPH MAGLIO, RICHARD	6 GREENE STREET 2180 SR 434 STE 4150	NEW YORK NY 10013 LONGWOOD, FL 32779

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (If Not Applicable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Richard J. Maglio
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/11/02

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:

Richard J. Maglio
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/10/02

407-682-
5051 X101
Daytime Phone #

CR20040 (8/02)