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 NOV -5 PM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000047226**

1. Corporation Name

THE MUZZI GROUP, INC.

Principal Place of Business	Mailing Address
4930 GOLDEN GATE PARKWAY NAPLES FL 34116	4930 GOLDEN GATE PARKWAY NAPLES FL 34116

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

4. Date Incorporated or Qualified To Do Business in Florida: 05/11/2000

5. FEI Number: 593645278 ☐ 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
D	MUZZONIGRO, GARY	4930 GOLDEN GATE PARKWAY	NAPLES FL 34116
D	MUZZONIGRO, DENISE	4930 GOLDEN GATE PARKWAY	NAPLES FL 34116

300004698423--0
-11/29/01--01051--010
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WOODWARD, MARK J
801 LAUREL OAK DRIVE SUITE 710
NAPLES FL 34108

9. Name and Address of New Registered Agent

Name: GARY MUZZONIGRO
Street Address (P.O. Box Number is Not Acceptable): 4930 Golden Gate Pkwy
Suite, Apt. #, Etc.:
City: Naples State: FL Zip Code: 34116

CR2E040 (8/01)

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: _____ Date: 11-1-01
REGISTERED AGENT MUST SIGN

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: _____ President 11-01-01 941-455-5761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #