

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 AM 9:53

REINSTATEMENT 06

10/13/06 01051 018 \$150.00



11032006 REIN-P CR2E098 (11/05)

4. FEI Number 59-3645278 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUZZONIGRO, GARY
4930 GOLDEN GATE PKWY
NAPLES, FL 34116

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

✓ 11/14/06

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MUZZONIGRO, GARY	
STREET ADDRESS	4930 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES, FL 34116	
TITLE	ST	☐ Delete
NAME	RACIOPPI, GINA	
STREET ADDRESS	4930 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES, FL 34116	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

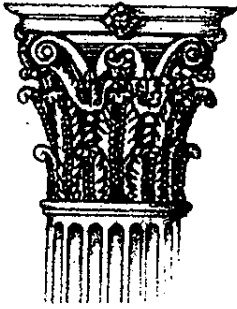
SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 11/14/06



H. Michael Magruder, CPA LLC

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Naples, FL 34104-6147

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www.mikemagruder.com

November 14, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: The Muzzi Group, Inc.

Ref #: P0000047226

The Muzzi Group, Inc. did not receive their notification for filing their annual Uniform Business Report.

Mr. Muzzonigro became aware his corporation was administratively dissolved when he attempted to renew a license.

He contacted our office in mid October to inquire about the situation and we informed him of the annual filing requirement.

As an office policy we download the preprinted forms and save them as PDF files on our server for all of our clients. We do not know if a prior year client is a current year client until they bring their work in to our office.

I realize your office concludes that if they receive a "pre-printed" form the client must have "known" of the filing requirement and just sent it in late. However, as you can see in this case, the client did not know of the requirement as our office printed the form to our server and we sent the copy to the client.

Kindly accept the attached 2006 For Profit Corporation Reinstatement. We would appreciate if you would consider this matter resolved.

Sincerely,

H. Michael Magruder, CPA