

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:52

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



REINSTATEMENT 03

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

05/11/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3645278

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

700024981977

11/24/03--01093--022 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUZZONIGRO, GARY  
4930 GOLDEN GATE PKWY  
NAPLES FL 34116

Name

Street Address (P.O. Box Number is Not Acceptable)

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

REGISTERED AGENT MUST SIGN

Date

11-19-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY MUZZONIGRO

(239) 455 5161  
11-19-03

CR2E040 (7/03)

11/19/2003

TO THE DIVISION OF CORPORATIONS/REINSTATEMENT DEPARTMENT

THIS LETTER IS ADVISE YOU THAT THIS NOTIFICATION I RECEIVED ON THE DISSOLUTION OF MY CORPORATION IS THE FIRST OF ANY NOTICES I HAVE RECEIVED .NO PRIOR UBR NOTICES.. PLEASE HAVE MY CORPORATION REINSTATED .I HAVE SENT BACK THE COMPLETED PAPERWORK..THANK YOU FOR YOUR HELP IN THIS MATTER ENCLOSED IS CHECK IN THE AMOUNT OF \$150.00 AS REQUESTED

THANK YOU

 *Pres.*

GARY MUZZONIGRO PRESIDENT

THE MUZZI GROUP INC  
4930 GOLDEN GATE PKWY  
NAPLES FL 34116