

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f3



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

FILED

02 NOV 25 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000091186

1. Corporation Name

MARK FABRIZIO, INC.

Principal Place of Business

~~4370 SW 24 STREET
FT LAUDERDALE FL 33317~~

9872 N.W 2 ST
PLANTATION FL 33324

Mailing Address

~~4370 SW 24 STREET
FT LAUDERDALE FL 33317~~

9872 N.W 2 ST
PLANTATION FL 33324



2002 UBR

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 33324

Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 33324

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2000

5. FEI Number

15-1628708

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P-	FABRIZIO, MARK	4370 SW 24 ST	FORT LAUDERDALE FL 33317

4000009202524
11/25/02--01054--019 **150.00

8. Name and Address of Current Registered Agent

FABRIZIO, MARK

~~4370 SW 24 STREET~~ 9872 N.W 2 ST
~~FT LAUDERDALE FL 33317~~ PLANTATION FL 33324

9. Name and Address of New Registered Agent

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

Mark Fabrizio SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-23-02

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:

Mark Fabrizio SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-23-02 954-474-5835

CR2E040 (9/02)

To Whom It May Concern:

Enclosed is a check
in the amount of \$50.00.
I never received the first
application. I just received
this form about 3 weeks
ago from a neighbor. She
said something happened last
year. Please note change
of address. Thank you.

Sincerely,

Mark Labrie

30f3



ACCOUNT NO. : 072100000032

REFERENCE : 833086 7358429

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : November 25, 2002

ORDER TIME : 10:02 AM

ORDER NO. : 833086-005

CUSTOMER NO: 7358429

CUSTOMER: Ms. Carol Fabrizio
Mark Fabrizio, Inc.
9872 N.w. 2nd Street
Plantation, FL 33324

RECEIVED
02 NOV 25 AM 11:46
DEPARTMENT OF REVENUE
DIVISION OF COLLECTIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MARK FABRIZIO, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____