

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000056535

Entity Name: MAZZAMUTO ENTERPRISES, INC.

FILED  
Oct 07, 2005  
Secretary of State

## Current Principal Place of Business:

1161 SE PROCTOR LN  
PORT ST. LUCIE, FL 34983

## New Principal Place of Business:

## Current Mailing Address:

1161 SE PROCTOR LN  
PORT ST. LUCIE, FL 34983

## New Mailing Address:

FEI Number: 65-1113743

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAZZAMUTO, MICHELLE  
1161 SE PROCTOR LN  
PORT ST LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: MICHELLE MAZZAMUTO

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOP ( ) Delete  
Name: MAZZAMUTO, JOHNNY  
Address: 5100 SANDUSKY AVE.  
City-St-Zip: LAKE WORTH, FL 33463

Title: COOV ( ) Delete  
Name: MAZZAMUTO, MICHELLE  
Address: 5100 SANDUSKY AVE.  
City-St-Zip: LAKE WORTH, FL 33463

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change ( ) Addition  
Name: MAZZAMUTO, JOHNNY  
Address: 1931 SW MCALLISTER LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: COOV (X) Change ( ) Addition  
Name: MAZZAMUTO, MICHELLE  
Address: 1161 SE PROCTOR LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNY MAZZAMUTO

CEOP

10/07/2005

Electronic Signature of Signing Officer or Director

Date