

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION.  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 JUN 20 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131407

1. Corporation Name

Mazzone Holdings, Corp.

2. Principal Office Address - No P.O. Box #

1911 NW 150th Ave.

3. Mailing Office Address

1911 NW 150th Ave.

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

#201

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

Zip

33028

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/2002

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Peter M. Lopez, P.A.

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

1911 NW 150th Ave.

Suite, Apt. #, Etc.

#201

City

Pembroke Pines

State

FL

Zip Code

33028

300235103883  
05/15/12--01008--010 \*\*2100.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.

Signature of  
Registered Agent

Date 5/10/12

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Antonio Mazzone Barros	1911 NW 150th Ave. #201	Pembroke Pines, FL 33028
D	Maria, F. De Mazzone	1911 NW 150th Ave. #201	Pembroke Pines, FL 33028
D	Yenny F. Mazzone	1911 NW 150th Ave. #201	Pembroke Pines, FL 33028
D	Jose Mazzone Barros	1911 NW 150th Ave. #201	Pembroke Pines, FL 33028

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10. E-mail Address: pmlopezpa@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Antonio Mazzone Barros

5/10/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #