


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG -5 PM 2:16

DOCUMENT # P03000021800		
1. Entity Name FIORENZI ENTERPRISES, INC.		


Principal Place of Business 301 LIVE OAK STREET NEW SMYRNA BEACH, FL 32168	Mailing Address 301 LIVE OAK STREET NEW SMYRNA BEACH, FL 32168
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2. Principal Place of Business 5 CUNNINGHAM DR Suite, Apt. #, etc.	3. Mailing Address 5 CUNNINGHAM DR Suite, Apt. #, etc.
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City & State New Smyrna Beach, FL	City & State New Smyrna Beach, FL
Zip 32168	Country VOLUSIA
Zip 32168	Country VOLUSIA

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name ROBERT FIORENZI Street Address (P.O. Box Number is Not Acceptable) 5 CUNNINGHAM DR City New Smyrna Beach FL Zip Code 32168	
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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.

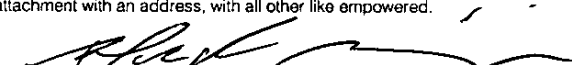
SIGNATURE  DATE 8/3/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FIORENZI, ROBERT E 301 LIVE OAK STREET NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FIORENZI, ROBERT E 5 CUNNINGHAM DR NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE 8/3/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/04 90742 049 \$150.00  
04/28/05 90160 037 \$150.00



07152005 REIN-P CR2E098 (6/04)

4. FEI Number 57-1152235	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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REINSTATEMENT 04-05

2042

**Florenzi Enterprises**

5 Cunningham Drive, New Smyrna Beach, FL 32168

Phone ~ 386-423-8796

Fax ~ 386-423-3242

Florida Department of State  
Attn: Sean Toner, Senior Section Administrator  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

August 3, 2005

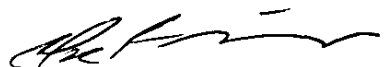
Re: P03000021800

Dear Mr. Toner:

Enclosed is a copy of the completed application for reinstatement for Fiorenzi Enterprises, Inc. On April 1, 2004 we moved from 301 Live Oak, New Smyrna Beach to 5 Cunningham, New Smyrna Beach. We never received your letter of May 14, 2004 and figure this is because of our move. Please reinstate the corporation.

Thank you for your consideration in this important matter.

Sincerely,



Robert Fiorenzi  
President