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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 11 AM 11:04

DOCUMENT # P03000053476

1. Corporation Name

JANUZZI SERVICES, INC.

2. Principal Office Address

4350 NW 5th Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip

33064

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/15/2003

5. FFL Number

87-0695637

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Express Accounting and Income Tax Services, Corp

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

760 W Sample Rd.

Suite, Apt. #, Etc.

10

City

Pompano Beach

State

FL

Zip Code

33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*ASL*

REGISTERED AGENT MUST SIGN

Date 08/23/2006

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
P	JANNUZZI, JULIO C.	4350 NW 5th Ave.	Pompano Beach, FL 33064

600080255146  
09/29/06--01041--023 \*\*450.00

10. 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 contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio C. Jannuzzi

08/23/2006

Date

954 553-8318

Daytime Phone #

pg 7042

Wednesday, August 23, 2006

To: Corporation Reinstatement

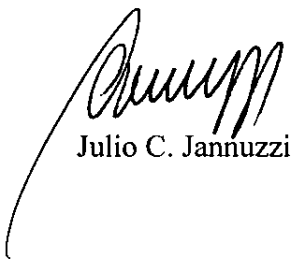
Ref: Januzzi Services, Inc  
Doc#:P03000053476

Dear Sir or Madam:

I'm sending you this letter to let you know that I never received any communication or annual report notices from the state. Now I know that I have to renew my corporation every year and I will do so every year.

Please waive the reinstatement fee, and I promise that this will never happen again.

Best regards,



Julio C. Jannuzzi