


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000141572		
1. Entity Name SHANE BUZZO, INC.		

Principal Place of Business 3462 RIVERWOODS DR. FT. PIERCE, FL 34962	Mailing Address 3462 RIVERWOODS DR. FT. PIERCE, FL 34962
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2. Principal Place of Business 3462	3. Mailing Address 3462
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent BUZZO, SHANE 3462 RIVERWOODS DR. FT. PIERCE, FL 34962	
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FILED
05 MAR -1 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02222005 REIN-P CR2E098 (6/04)

4. FEI Number 20-0549695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUZZO, SHANE 3462 RIVERWOODS DR. FT. PIERCE, FL 34962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - PRESIDENT <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	900048026759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 03/09/05--01005--008 ***300.00
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: Shane Buzzo SHANE BUZZO 02-23-05 772-370-3645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Shane Buzzo, Inc.
3642 Riverwoods Lane
Ft. Pierce, FL 34962

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

February 23, 2005

To Whom It May Concern:

Pursuant to my telephone conversation with your office, I am forwarding a copy of my 2004 For Profit document, as received. Please note the address is mis-typed and, I assume, the reason I never received the previous notifications. Enclosed please find the current 2005 For Profit – Reinstatement document. I have optioned to waive the late fee due to the address discrepancy and non-receipt of the original notices. Further, a check is enclosed in the amount of \$300, bringing both years' filing - current.

Thank you for your consideration in this matter. Should you have any additional question concerning this issue, please do not hesitate to contact me directly at (772) 466-4260.

Once again thank you,


Shane Buzzo