

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 MAY 25 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06 *RSK*



05122006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000134006																																																																																																															
1. Entity Name COZZA DESIGN DEVELOPMENT AND CONSTRUCTION SERVICES, INC.		Principal Place of Business 1200 W. 4TH AVE. HIALEAH, FL 33010																																																																																																													
Mailing Address 1200 W. 4TH AVE. HIALEAH, FL 33010		<div style="text-align: center; font-weight: bold; font-size: 1.2em;">REINSTATEMENT</div> <div style="text-align: center; font-size: 0.8em;">05-06 <i>RSK</i></div> <div style="text-align: center; margin-top: 10px;"> </div> <div style="text-align: center; margin-top: 10px;"> 05122006 REIN-P CR2E098 (11/05) </div>																																																																																																													
2. Principal Place of Business 180 Royal Palm Rd. Suite, Apt. #, etc. Apt. 212 City & State Hialeah Gardens, FL Zip 33016 Country U.S.A.				3. Mailing Address 180 Royal Palm Rd. Suite, Apt. #, etc. Apt. 212 City & State Hialeah Gardens, FL Zip 33016 Country U.S.A.																																																																																																											
4. FEI Number 56-2482436				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent COZZA, ANTONIO M 1200 W. 4TH AVE. HIALEAH, FL 33010																																																																																																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code				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: <i>[Signature]</i> <small>Signature typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																											
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PSD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COZZA, ANTONIO M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 W. 4TH AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HIALEAH, FL 33010</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COZZA, FRANCISCO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 W. 4TH AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HIALEAH, FL 33010</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">V/S</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Alexandria Martinez</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>180 Royal Palm Rd. Apt 212</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Hialeah Gardens, FL 33016</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	PSD	<input type="checkbox"/> Delete	NAME	COZZA, ANTONIO M		STREET ADDRESS	1200 W. 4TH AVE.		CITY - ST - ZIP	HIALEAH, FL 33010		TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	COZZA, FRANCISCO		STREET ADDRESS	1200 W. 4TH AVE.		CITY - ST - ZIP	HIALEAH, FL 33010		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	V/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Alexandria Martinez		STREET ADDRESS	180 Royal Palm Rd. Apt 212		CITY - ST - ZIP	Hialeah Gardens, FL 33016		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <div> <i>5-20-06</i> <small>Date</small> </div> <div> <i>305-300-0239</i> <small>Daytime Phone #</small> </div> </div>																																																																																																													