

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JUN 28 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000089192 1. Entity Name OZZIONI, INC.	
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Principal Place of Business 501 BRICKELL KEY DRIVE # 402 MIAMI, FL 33131	Mailing Address 501 BRICKELL KEY DRIVE # 402 MIAMI, FL 33131
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KAP



REINSTATEMENT 06-07

06202007 JO REINFP CR2E098 (1/07) WOP

2. Principal Place of Business - No P.O. Box # 520 BRICKELL DRIVE #509	3. Mailing Address 520 BRICKELL DRIVE #509
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City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131	Zip 33131

4. FEI Number 20-3803147	Applied For <input 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 GEORGE, CHARLES M ESQ. 4800 LEJEUNE ROAD CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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.

10. OFFICERS AND DIRECTORS																															
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
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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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____