

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 FEB 11 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000119595

1. Corporation Name

Amaze Inc.

2. Principal Office Address - No P.O. Box #

16413 Magnolia Bluff Dr

Suite, Apt. #, etc.

City & State

Montverde FL

Zip

34756

Country

Lake

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 06-08^{KS}
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

8-28-05

5. FEI Number

20-4470074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gina Marasco

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

16413 Magnolia Bluff Dr

Suite, Apt. #, Etc.

City

Montverde

State

FL

Zip Code

34756

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Gina Marasco

REGISTERED AGENT MUST SIGN

Date 1-25-08

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	Gina Marasco	16413 Magnolia Bluff Dr	Montverde FL 34756
VP	Elizabeth Lividini	1914 Sherbourne	Winter Garden, FL 34787

100118415081
02/20/08--01008--017 **450.00
100118415081
02/20/08--01008--018 **8.75

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:

Elizabeth Lividini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/08

Date

407-488-5886

Daytime Phone #