

OCT 24, 2006 11:34AM

CAPITAL CONNECTION

NO. 2621 P. 2/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 25 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # POS000151273
1. Corporation Name Bozzuto enterprises, Inc.

2. Principal Office Address

2812 long leaf pine st

Suite, Apt. #, etc.

City & State

Clermont FL

Zip

34711

Country

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

REINSTATEMENT

06

4. Date Incorporated or Qualified
To Do Business in Florida11/05

5. FEI Number

20-3880527

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

Jim Bozzuto

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

2812 long leaf pine st

Suite, Apt. #, Etc.

City

ClermontState
FL

Zip Code

34711

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[Signature]Date 10/24/06

REGISTERED AGENT MUST SIGN

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
president	Kevin Bozzuto guild	1230 Nela Ave or FL	or FL 32809
V.P.	Jim Bozzuto	2812 long leaf pine st	clermont, FL 34711
Secretary	Rebecca Bozzuto	2812 long leaf pine st	clermont FL 34711

E00081396716

10/31/06--01079--002 **150.00

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 under section 119.07(3)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR10/24/06 407-394-5519
Date Daytime Phone #10/25
aw



OCT-25-2006 09:43

CHASE CAPITAL MORTGAGE

4073200898 P.01

Print

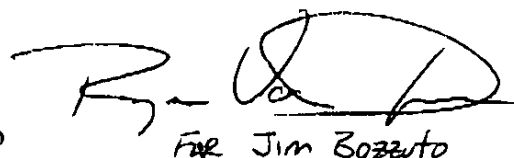
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From: jim bozzuto
To: rmv41077@yahoo.com
Date: Wednesday, October 25, 2006 9:34:35 AM
Subject:

To whom it may concern:

I Jim Bozzuto of bozzuto enterprises inc. did not recieve any mail or info of any kind due to our address change, our new address is 2812 long leaf pine st. clermont fl, 34711, we sincerely apologize for any inconvenience, we would like to reinstate, and would like to ask for a fee waiver, any help in this matter would be greatly appreciated,

Thank you
Jim Bozzuto
20-3880527



For Jim Bozzuto

Want to be your own boss? Learn how on [Yahoo! Small Business](#).