PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 OCT 25 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000157273

1. Corporation Name: Bozzuto enterprises, Inc.

REINSTATEMENT 06

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2812 long leaf pine st | same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | same |
| City & State: Clermont FL | City & State: same |
| Zip: 34711 Country: | Zip: same Country: |

4. Date Incorporated or Qualified To Do Business in Florida: 11/05

5. FEI Number: 20-3880527 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $6.75 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: Clermont State: 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] REGISTERED AGENT MUST SIGN Date: 10/24/06

CR2A1R81 (01/05)

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 [redacted] guild | 1230 Nela Ave orl fl | orl 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 |

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10/31/06--01078--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)(i), 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 DIRECTOR Date: 10/24/06 Daytime Phone #: 407-394-5519

10/25 aw

**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 inconvience, 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

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