

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -3 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000090223

1. Corporation Name

MICHAEL A. PIZZI JR., P.A.

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

14160 NW 77 Court

3. Mailing Office Address

14160 NW 77 Court

Suite, Apt. #, etc.

Suite 34

Suite, Apt. #, etc.

Suite 34

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

000189322690

01/04/11--01017--011 **1058.75

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2006

5. FEI Number
87-0776528

☐ 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

Margarita M. Suazo

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

14160 NW 77 Court

Suite, Apt. #, Etc.

Suite 34

City

Miami Lakes

State

FL

Zip Code

33016

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

Margarita M. Suazo
REGISTERED AGENT MUST SIGN

Date **12/30/2010**

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
DP	Michael A. Pizzi, Jr.	8501 NW 138 ST #2206	Miami Lakes, FL 33016

11/4/11

10. E-mail Address: **mpizzijr@yahoo.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Michael A. Pizzi, Jr.

12/30/2010

(305) 231-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #