CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE 12/27/2018 14:04 #633 P 004/005
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED

DOCUMENT # P16000026693

2019 JAN -5 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FL

1. PARRIS MEZZA GLOBAL INC

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2. Principal Place of Business - No P.O. Box: 3535 MELROSE AV
Suite, Apt. #, etc.:
City & State: TITUSVILLE FL
Zip: 32780
County: BREVARD

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip:
County:

CR2E054 (1/08)

4. FEI Number: 81-1965390 — Applied For / Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: A — 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: [signature] DATE: 12-27-18
Signature, name, or both as name of registered agent and date, if applicable (NOTE: Registered agent signature required when reinstated)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Dominic J Mazza IV
STREET ADDRESS	6930 Windover Way
CITY-ST-ZIP	Titusville FL 32780
TITLE	VP
NAME	Paulton T. Parris
STREET ADDRESS	3535 Melrose Ave
CITY-ST-ZIP	Titusville FL 32780
TITLE	Secretary
NAME	Katherine A Parris
STREET ADDRESS	3535 Melrose Ave
CITY-ST-ZIP	Titusville FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800023548756
01/22/19--01004--002 **150.00

800023548756
01/22/19--01004--001 **550.00

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1/18/19
LS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12/27/18 321 362-5885
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DAYTIME PHONE #