

98-00 DBE
 CORPORATION
 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED
 00 MAY 23 AM 11:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P970000000039

1. Corporation Name

Luzzano Corporation

2. Principal Office Address

8741 S Fed Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

2915 SE ABA

Suite, Apt. #, etc.

City & State Port St Lucie

PSL FL

City & State Port St Lucie

PSL FL

Zip

34952

Country

ST Lucie County

Zip

34952

Country

ST Lucie

4. Date Incorporated or Qualified
 To Do Business in Florida

1-2-1997

5. FEI Number

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

Antonio Pagano

100003274421-0

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

2915 SE ABA ST.

06/02/00-01021-003

****458.75 ****458.75

Suite, Apt. #, Etc.

City

PSL Port St Lucie

State

FL

Zip Code

34952

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

Antonio Pagano

Date

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
P	Antonio Pagano	2915 SE ABA ST	Port St Lucie PSL FL 34952
VTD	Raffaele Pagano	2915 SE ABA ST	PSL FL 34952

LS

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:

Antonio Pagano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-72 561 336-9001

Date

Daytime Phone #