	ALL INSTRUCTIONS		7	ING THIS FORM.	
APPLICATION FLORIDA DEPARTMENT OF STA			FILED		
FOR Secretary of Sta				•	
DIVISION OF CORPORATIONS			Į	99 JAN -6 PH 4: 10	
DOCUMENT # P9700056792 1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
LORRAINE J. MAZZELLA, R.N., C.D.E., INC.			្ន	000027435236 -01/15/9901030020	
Principal Place of Business	ipal Place of Business Mailing Address		ĺ	****150.00 ****150.00	
6516 SOUTHWEST 41ST COURT					
DAVIE FL 33314	DAVIE FL 33314	DEIR		TERRIT TRAIT BETTE TO THE TOTAL BUILD BUIL	
If above addresses are locarrest in any way line	brough incorport information and anton	TILI!	# # # # # # # # # # # # # # # # # # #	Em # 4 8 Dec 8 48 %	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				orated or Qualified ness in Florida	
Suite, Apt. #, etc.	e, Apt. #, etc. Suite, Apt. #, etc.			06/27/1997	
City & State	BOCA KATON, F	<u> - </u>	5. FEI Number	Applied For Not Applicable	
Zip Country	Zip Countr		6.	\$8.75 Additional Fee required	
USA	33428 u			FOF STATUS DESIRED For a Certificate of Status	
7. Names and Street Addresses of Each Officer ar Name of Officers	Str	eet Address of Each			
Title(s) and/or Directors	3 (Do NOT Us	flicer and/or Director e Post Office Box Nu	mbers)	City / State / Zip	
PSTD MAZZELLA, LORRAINE J	, , , , , , , , , , , , , , , , , , , ,	ST-41ST-COURT		DAVIE FL 39314	
	10516 17	endocino L	Ν.	BOCA RATON, FL 33428	
	REINICTATES	0.0	Contract Co	8 _ 99	
	REINSTATEME	洲一洲		0	
		™ ■	•		
			30	00002743523F	
				-01/15/9901830021	
				****750.00 ****750.00	
			9. Name and A	ddress of New Registered Agent	
AMERILAWYER CHARTERED		Name LORR	AINE M	AZZELLA	
343 ALMERIA AVENUE	Street Address (P.O.			s Not Acceptable)	
CORAL GABLES FL 33134	CORAL GABLES FL 33134 Suite, Apt. #, Etc.				
City			DEADALE State Zip Code FL 333/9		
10. I, being appointed the registered agent of the al	pove named corporation, am familiar wi	ith and accept the ob	ligations of Section		
Signature of Registered Agent Lorgice Mintelle E REQUIRED Date 12/10/98					
REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)					
12. 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 filling 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 AND TYPED OR PRINTED HAYE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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