

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000057359			
1. Entity Name SCOTT A. GUZZI & ASSOCIATES, INC.			
Principal Place of Business 6041 KIMBERLY BLVD SUITE H NORTH LAUDERDALE, FL 33068 US		Mailing Address 6041 KIMBERLY BLVD SUITE H NORTH LAUDERDALE, FL 33068 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GUZZI, SCOTT A 6041 KIMBERLY BLVD SUITE H NORTH LAUDERDALE, FL 33068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 <u>See below</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
DATE			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUZZI, SCOTT A 11246 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u>		Date <u>9/20/05</u> (954) 973-0095	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts SEP 21 2005

09202005 REIN-P CP2E038 (6/04)

4. FEI Number
65-0771838 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

FL Zip Code

200059871002
09/22/05--01041--003 **750.00