

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000084253**

1. Corporation Name

CASINO AUTO SERVICE & TOWING

REINSTATEMENT 02-04

2. Principal Office Address

ANTONIO MAZZILLI

Suite, Apt. #, etc.

City & State

KISSIMMEE

Zip

34745

Country

USA

3. Mailing Office Address

PO Box 450603

Suite, Apt. #, etc.

City & State

FL

Zip

Country

**4. Date incorporated or Qualified
To Do Business in Florida**

1997

5. FEI Number

593476493

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

11-08-02 01072 013 \$550.00

7. Name and Address of Current Registered Agent

Name

ANTONIO MAZZILLI

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

864 ASPENWOOD CIRCLE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34743

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 Mazzilli
REGISTERED AGENT MUST SIGN

Date

4-28-04

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
PRES	ANTONIO MAZZILLI	864 ASPENWOOD CIRCLE	KISS. FL 34743

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 Mazzilli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-04

Daytime Phone #

CR2E081 (10/02)

To: FLA DEP. OF STATE
Div. of corp

ORLANDO 04-28-04

Att: SEAN TONER

From: Antonio Mazzilli
Casino Auto service and Towing

Mr Toner, with this I am asking for reinstatement of my corporation (FEI 59-3476493) and to notify as I did by phone that

- 1) we never received any form of notification by your office in 2002
- 2) we would like to have the corporation reinstated and up to date
- 3) we waive all the penalties and fees assessed up to date

Inclusive is the corporation reinstatement form filled and signed by me
a copy of the check that the state cashed.

To the best of my recollection this is what you did request from me, any further request please call me at 407-973-4146 or write all mail to my add. on file

Sincerely
Antonio Mazzilli