

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 16 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000050768

1. Corporation Name

PREZIOSI PARTNERS, INC

9441 HOLLYHOCK COURT
DAVIE, FLORIDA 33328

2. Principal Office Address

9441 HOLLYHOCK COURT

3. Mailing Office Address

DAVIE, FLORIDA 33328

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

Zip

33328

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 6/1/1998

5. FEI Number

650838941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

ROBERT PREZIOSI

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

9441 HOLLYHOCK COURT

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

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

[Signature] Date 6-8-04
REGISTERED AGENT MUST SIGN R.C. Preziosi

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
D	ROBERT PREZIOSI	9411 HOLLYHOCK COURT	DAVIE, FLORIDA 33328
D	CATHERINE PREZIOSI	9411 HOLLYHOCK COURT	DAVIE, FLORIDA 33328

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] R.C. Preziosi

6-8-04 95491501-01

CR2E081 (01/04)