

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 25 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 98000066796

1. Corporation Name

MUZZI, INC.

2. Principal Office Address

22 WHISTLING DUCK DR.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33040

Country

USA

3. Mailing Office Address

22 WHISTLING DUCK DR.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33040

Country

USA

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

7/27/98

SP

5. FEI Number

65-0884099

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

LOUIS SCARAMUZZI

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

22 WHISTLING DUCK DR.

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

900003161529-8

-03/08/00-01014-026

***300.00 ***300.00

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

REGISTERED AGENT MUST SIGN

Date

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	LOUIS SCARAMUZZI	22 WHISTLING DUCK DR.	KEY WEST, FL 33040

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 #

2/8/00