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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION Secretary of State DOCUMENT # P99000011124 1. Corporation Name Patrick A. Pizzulo, Inc. 2. Principal Office Address 2. Banyan Course Sude, Act. 4. Up 22 Up 5 Sude, Act. 4. Up 5 Sude, Act. 4 | | · | | | | | |
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| City & State Country City City Country City City Country | | | | rse | ************ | 0 ***** | |
| City & State Ocala FL Ocala Street Address of Current Registered Agent Name | | | | | 4. Date Incorporated or Qualified To Do Business in Florida 2 1 49 | | |
| Street Address of Seel Address of Seel Address of Seel Officer and/or Directors Street Address of City I State Zip Code | City & State | | City & State | | | | |
| 34472 US 34472 US CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name | | | Cum-c | | | | |
| Name Name and Address of Current Registered Agent Name Nanuary A Markino EA | | | 1 | | | | |
| Street Address (P.O. Box Number is) bit Acceptable) Street Address (P.O. Box Number is) bit Acceptable) State State Zip Code FL 3447/ State Address of End State Zip Code FL 3447/ 8. I. being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Address of Sent Officer and/or Director Street Address of Each Officer and/or Director 9. Names and Street Addresses of Sent Officer and/or Director Street Address of Each Officer and/or Director Titles Name of Officer and/or Director Street Address of Each Officer and/or Director Description Patrick A State Street Address of Each Officer and/or Director Description Patrick A Street Address of Each Officer and/or Director Description Patrick A Street Address of Each Officer and/or Director Description Patrick A Street Address of Each Officer and/or Director Description Patrick A Street Address of Each Officer and/or Director Description Patrick A Street Address of Each Officer and/or Director Description Patrick A Street Address of Each Officer and/or Director Ocala Pt 34472 10. Learly 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 617,401, F.S. The information indicated on this application is true and accurate, and my separating shall have 186 same legal affect as if made under cath. Signature: | | 77 000 | | nt Registered Agent | | | |
| 8. I, being appointed file registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent Addresses of Sech Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Description of Patrick A Seanuar Course #3 Ocala FL 34472 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 isjees on this explication is true and accurate, and my signature shall have fire same liquid form developed to a exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have fire same liquid effect of the corporation have been paid and the names of individuals isjees and if made under cath. SIGNATURE: | ; | Nancy A Martino EA Street Address (P.O. Box Number is Not Acceptable) 1645 SE 58 Ave #3 | | | | | |
| Signature of Registered Agent Hauttup & Date 3-4-02 9. Names and Sireet Addresses of Sech 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 Occala FL 34472 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 aghits 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 fire same highly effect as if made under cath. SIGNATURE: 3-7-02 | | | | | | | |
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| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | this reir owed b on this | nstatement application, the reason for diss by the corporation have been paid and the application is true and accurate, and my s | colution has been eliminated, the corporate na names of individuals listed-on this form do-no | me satisfies the requirement t qualify for an exemption und made under oath. | s of section 607.0401 or 617.0 der section 119.07(3)(i), F.S. T | 1401, F.S., that all fees The information indicated | |

page 20\$

NANCY A. MARTINO, E.A.

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ACCOUNTING & TAX SERVICES

ENROLLED TO REPRESENT TAXPAYERS BEFORE THE INTERNAL REVENUE SERVICE P O Box 5764 • Ocala, FL 34478-5764 (352) 694-9500 • Fax (352) 694-9501 • taxesbyus@aol.com

March 4, 2002

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314-6327

RE: Patrick A. Pizzulo, Inc.

Dear Sir or Madam:

- خن_د لو

I am writing on behalf of the corporation listed above in connection with the accompanying Application for Reinstatement. Payment in the amount of \$300 accompanies this request as payment for the 2001 and 2002 annual fees. I would like to request that these fees be accepted as payment in full and that any reinstatement fees be waived as the corporation did not receive the original return or the second notice.

The business was incorporated originally in 1999 and timely filed and paid it's 2000 UBR. However, the owner of this business was temporarily reassigned out of state, so they chose to enter my name as registered agent, which I agreed to, as both the business and I were under an apparent misconception that the following UBR for 2001 would be mailed to my address as registered agent. According to the information I got today by telephone from one of the representative in the Department of State, that return most likely would have been sent to the out of state address. Unfortunately, that return was never forwarded to this business despite a change of address being filed with the United States Postal Service.

payeson

In the process of reviewing the corporate records for tax year 2001, I discovered that no payment had been made for the annual filing fee and therefore contacted your department to confirm the status of this corporation. It was just then that I learned that this corporation had been administratively dissolved. It is my belief that the return had never been received by this business due to the temporary relocation. Therefore, I am requesting that the corporation be reinstated without being penalized.

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Please do not hesitate to contact me directly if you have any questions or require any additional information.

Sincerely,

Nancy A Martino
Registered Agent