
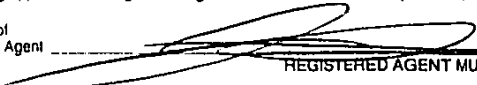



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 715

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 96 DEC -5 PM 12:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S 26947 <small>1 Corporation Name</small> MUZ, INC.		Principal Place of Business Ste. 24- 46 N. Washington Sarasota, FL 34236		Mailing Address 513 Venice Lane Sarasota, FL 34242	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2 New Principal Office Address, If Applicable 46 N. Washington Blvd Suite, Apt. #, etc Ste 24 City & State Sarasota, FL Zip 34236 Country USA		3 New Mailing Address, If Applicable 513 Venice Lane Suite, Apt. #, etc City & State Sarasota, FL 34242 Zip 34242 Country USA		4. Date Incorporated or Qualified To Do Business in Florida January 22, 1991 5. FEI Number 65-0244731	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
	P.D. Urbano Rutigliano	513 Venice Lane	Sarasota, FL 34242		
				600002022536--7 -12/06/96--01087--012 *****383.75 *****383.75	
8. Name and Address of Current Registered Agent Theodore Parker 2033 Main Street Suite 100 Sarasota, FL 34237			9. Name and Address of New Registered Agent Name R. John Cole, II, P.A. Street Address (P.O. Box Number is Not Acceptable) 46 N. Washington Blvd. Suite, Apt. #, Etc. Suite 24 City Sarasota, State FL Zip Code 34236		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 12-3-96					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: 		URBANO RUTIGLIANO		Date 12/3/96 Daytime Phone # (941) 365-3643	

CR2040 (12/95)