


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

715

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  96 DEC -5 PM 12:38  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> 1 Corporation Name  <b>MUZ, INC.</b>		<b>S 26947</b>		<b>REINSTATEMENT</b>	
<b>Principal Place of Business</b> <b>Ste. 24- 46 N. Washington</b> <b>Sarasota, FL 34236</b>		<b>Mailing Address</b> <b>513 Venice Lane</b> <b>Sarasota, FL 34242</b>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
<b>2 New Principal Office Address, If Applicable</b> <b>46 N. Washington Blvd</b> Suite, Apt. #, etc. <b>Ste 24</b> City & State <b>Sarasota, FL</b> Zip <b>34236</b> Country <b>USA</b>		<b>3 New Mailing Address, If Applicable</b> <b>513 Venice Lane</b> Suite, Apt. #, etc. City & State <b>Sarasota, FL 34242</b> Zip <b>34242</b> Country <b>USA</b>			
<b>4 Date Incorporated or Qualified To Do Business in Florida</b> <b>January 22, 1991</b>		<b>5 FEI Number</b> <b>65-0244731</b>		Applied For Not Applicable	
<b>6 CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>			
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
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		
<b>8. Name and Address of Current Registered Agent</b>  <b>Theodore Parker</b> <b>2033 Main Street</b> <b>Suite 100</b> <b>Sarasota, FL 34237</b>			<b>9. Name and Address of New Registered Agent</b> Name <b>R. John Cole, II, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>46 N. Washington Blvd.</b> Suite, Apt. #, Etc. <b>Suite 24</b> City <b>Sarasota,</b> State <b>FL</b> Zip Code <b>34236</b>		
<b>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.</b>					
Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN		Date <b>12-3-96</b>			
<b>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>12/3/96</b> Daytime Phone # <b>(941) 365-3643</b>			

CR2040 (12/95)