

### 2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

05 OCT 14 PM 7:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000087059**

1. Entity Name  
**BDNZ ASSOCIATES, INC.**



Principal Place of Business  
**9481 SW 134TH STREET  
MIAMI, FL 33176**

Mailing Address  
**9481 SW 134TH STREET  
MIAMI, FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*[Handwritten signature]*



REINSTATEMENT 2005

4. FBI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$0.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAI-ONN, SUSAN H  
9481 SW 134TH STREET  
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reapplying)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	CHAI-ONN, SUSAN H	9481 SW 134TH STREET	MIAMI, FL 33176	<input type="checkbox"/>
DVS	CHAI-ONN, ROGER D	9481 SW 134TH STREET	MIAMI, FL 33176	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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10/14/05--01054--001 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the member or trustee of a partnership to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: *Susan Chai-Onn* **Susan Chai-Onn (as president)** 10/11/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR