PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2020 JAN 21 PM 12:22

SUBSTITUTE
01/24/20--01025--013 **150.00

SUBSTITUTE
01/24/20--01025--016 **150.00

SUBSTITUTE
11/21/19--01016--015 **2455.00

CR2E081 (11/10)

DOCUMENT # P04000162794

1. Corporation Name

Poza, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3018 Shillington Place	3018 Shillington Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Charlotte, NC	City & State: Charlotte, NC
Zip: 28210 Country:	Zip: 28210 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/29/2004

5. FEI Number: 20-1685960 ☐ 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: Pooran Okhovat

Street Address (P.O. Box Number is Not Acceptable): 102 NE 2nd Street

Suite, Apt. #, Etc.: #133

City: Boca Raton State: FL Zip Code: 33432

01/22/20
DConnell

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: Pooran Okhovat Date: 10/29/2019

REGISTERED AGENT MUST SIGN

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
Officer	PRES. / Pooran Okhovat	2314 Crescent Avenue	Charlotte, NC 28207

10. **E-mail Address:** poorano@msn.com

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.

SIGNATURE: Pooran Okhovat 10/29/2019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #