

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

98 NOV 24 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000106012

1. Corporation Name  
IZZ AND SONS INC.

Principal Place of Business	Mailing Address
590 W. FLAGLER STREET MAIMI FL 33130	590 W. FLAGLER STREET MAIMI FL 33130

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida	12/17/1997
5. FEI Number	65-0805851
6. CERTIFICATE OF STATUS DESIRED <input 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
D/VP	ARYAN, AIMAN I	590 W. FLAGLER STREET	MIAMI FL 33130
D/P	ARYAN, IZZEDIN	590 W. FLAGLER STREET	MIAMI FL 33130
S/T	ARYAN, INAM	590 W. FLAGLER STREET	MIAMI FL 33130

8. Name and Address of Current Registered Agent

ARYAN, AIMAN I  
590 W. FLAGLER STREET  
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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 AIMAN I ARYAN **REGISTERED AGENT MUST SIGN** Date 11-23-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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 on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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: AIMAN I ARYAN **REGISTERED AGENT MUST SIGN** Date 11-13-98 (305) 545-0533 Daytime Phone #

CR2E440 (9/98)