

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherin  Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 MAR 29 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000099963

1. Corporation Name NAZ, INC.

2. Principal Office Address 4220 W. COLONIAL DR
3. Mailing Office Address 4220 W. COLONIAL DR.

Suite, Apt. #, etc. SUITE #2

City & State ORLANDO FL

Zip 32808 Country ORANGE

4. Date Incorporated or Qualified To Do Business in Florida 11/11/1998

5. FEI Number 593552013 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 SOUREN G NAZARIAN 400005482854--2
Street Address (P.O. Box Number is Not Acceptable) 7436 HERRICKS LOOP -05/08/02--01009--018
Suite, Apt. #, Etc. ****300.00 ****300.00
City ORLANDO State FL Zip Code 32835

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: [Signature] Date 3-6-02
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
PRES	SOUREN G NAZARIAN	4220 W. COLONIAL DR.	ORLANDO FL 32808

10. 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)(i), 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: [Signature] SOUREN G NAZARIAN 3-6-02 4074451120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

NAZ. Inc. dba SECURITY WORLD INTERNATIONAL

4220 W. Colonial Drive Ste. #2

Orlando, FL 32808

407 445-1170

407 445-2585 fax

March 6, 2002

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To whom it may concern,

In April of 2001, we moved our main office to the above address and at that time, we filed a change of address form with the post office. Unfortunately, not all of our mail was forwarded as it should have been. We did not receive the forms for our annual report and therefore, our corporation was dissolved. We are asking that our corporation be reinstated and are enclosing the proper completed forms for this action along with a check for \$300.00 so that this can be done.

Thank you for your assistance in this matter.

Yours truly,


Souren G. Nazarian