

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 16 PM 2:32

DOCUMENT # 552495

1. Corporation Name
AZBROS, INC.

Principal Place of Business	Mailing Address
7516 NW 54TH STREET MIAMI FL 33166 US	7516 NW 54TH STREET MIAMI FL 33166 US



REINSTATEMENT 99

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		4. Date Incorporated or Qualified To Do Business in Florida 12/05/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 50-2549213	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SS 75.00 and Fee required</small>	

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	4 City / State / Zip
P	AZAN, PETER	6507 S.W. 116 PLACE	MIAMI FL
VD	AZAN, PETER	6507 S.W. 116 PLACE	MIAMI FL
STD	AZAN, DAWN	6507 SW 116 PLACE A#G	MIAMI FL
			700003063657--8 -12/07/99--01099--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
AZAN, PETER 6507 S.W. 116 PLACE SUITE G MIAMI FL 33173		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent: *Dawn Azan* REGISTERED AGENT MUST SIGN **REQUIRED** Date: 10-13-99 / 11-10-99

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., 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: *JOSELLE JUREDINI* **REQUIRED** Date: 10-13-99 Daytime Phone #: 3054770142
Dawn Azan 11-10-99

C202300 (8/99)

AD