

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000000678**

1. Corporation Name

ZAR SOLUTIONS INCORPORATED

Principal Place of Business

Mailing Address

8500 NW 8TH STREET
APT. 209
MIAMI FL 33126

8500 NW 8TH STREET
APT. 209
MIAMI FL 33126

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2002

5. FEI Number

51-0407330

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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	4. City / State / Zip
CST	RAWLEY, ZENON	8580 NW 6 LANE #102	MIAMI FL 33126
W	YANG, ZHONG	17025 SW 52ND CT.	MIRAMAR FL 33027
PD	QIZILBASH, ASAD A	8500 NW 8TH STREET, #209	MIAMI FL 33126

700023818237
10/15/03--01047--019 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOTOLONGO, RACHEL
8500 NW 8TH STREET
APT. 209
MIAMI FL 33126

Name

ASAD ALI QIZILBASH

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

8500 NW 8th ST #209

Suite, Apt. #, Etc.

#209

City

Miami

State

FL

Zip Code

33126

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/8/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASAD A. QIZILBASH

Date

10/8/03

Daytime Phone #

305-801-8927

CR2E040 (7/03)