

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000000182

1. Corporation Name

PAZ SECURITIES, INC.

Principal Place of Business

11175 READING RD.
CINCINNATI OH 45241

Mailing Address

11175 READING RD.
CINCINNATI OH 45241

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

2. New Principal Office Address, If Applicable
6971 N. Federal Hwy.

Suite, Apt. #, etc.
Ste. 203

City & State
Boca Raton FL

Zip
33487 Country
USA

3. New Mailing Office Address, If Applicable

6971 N. Federal Hwy

Suite, Apt. #, etc.
Ste. 203

City & State
Boca Raton FL

Zip
33487 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/1997

5. FEI Number

31-1153051

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	MIZRACHI, JOSEPH	6971 N. FEDERAL HWY., STE. 203	BOCA RATON FL 33487
DS	MIZRACHI, SIMON	6971 N. FEDERAL HWY., STE. 203	BOCA RATON FL 33487

800002715348--7
-12/18/98--01008--005
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MIZRACHI, JOSEPH
6971 N. FEDERAL HWY., STE. 203
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name
Simon Mizrachi
Street Address (P.O. Box Number is Not Acceptable)
6971 N. Federal Hwy
Suite, Apt. #, Etc.
Ste. 203
City
Boca Raton State
FL Zip Code
33487

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/18/98

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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



REINSTATEMENT 98

98 DEC 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR20040 (9/98)