

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**APPROVED  
AND  
FILED**

**99 OCT 19 AM 8:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F97000000182**

1. Corporation Name

**PAZ SECURITIES, INC.**

Principal Place of Business

6971 N. FEDERAL HWY.  
STE. 203  
BOCA RATON FL 33487

Mailing Address

6971 N. FEDERAL HWY.  
STE. 203  
BOCA RATON FL 33487

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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	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

**300003027203--0**  
**-10/27/99--01108--008**  
**\*\*\*\*750.00 \*\*\*\*750.00**

8. Name and Address of Current Registered Agent

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

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

**REQUIRED**  
**REGISTERED AGENT MUST SIGN**

Date **10/14/99**

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone

CS25040 (3-99)