

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **G95774**

1. Corporation Name

**YAZ ENTERPRISES, INC.**

Principal Place of Business

**2970 N.W. 75TH AVENUE  
MIAMI FL 33122**

Mailing Address

**2970 N.W. 75TH AVENUE  
MIAMI FL 33122**

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

**04/11/1984**

5. FEI Number

**59-2466533**

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
<del>PTD</del>	<del>KRONFELD, DAVID</del>	<del>2605 N.W. 75TH AVENUE</del>	<del>MIAMI FL 33122</del>
<del>US P</del>	KRONFELD, MARK	2605 N.W. 75TH AVENUE 2970 NW 75th Avenue	MIAMI FL 33122

8. Name and Address of Current Registered Agent

**KRONFELD, DAVID  
2605 N.W. 75TH AVENUE  
MIAMI FL 33122**

9. Name and Address of New Registered Agent

Name **Mark Kronfeld**  
Street Address (P.O. Box Number is Not Acceptable)  
**2970 NW 75th Avenue**  
Suite, Apt. #, Etc.  
City **Miami** State **FL** Zip Code **33122**

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 OCT 24 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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perfumes

2012

October 10, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Please be advised that we just received your notice of administrative dissolution or revocation of the corporate annual report for the year 2001. In January 2001, the corporate offices were moved and this is the first notification of the annual report filing.

We had not received the prior notice of filing the annual report. If we had received the form, we certainly would have signed the form and paid the annual fee.

It is respectfully requested that you abate the penalties charged since we had not received any prior notice for this filing. I am enclosing a check in the amount of \$150.00 for the annual fee.

Thank you in advance for your kind consideration in this matter.

Sincerely,



Mark Kronfeld, President