


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G999996

1. Corporation Name

A-Z CREATIONS, INC.

Principal Place of Business

**36 NE 1ST STREET
MIAMI FL 33132**

Mailing Address

**36 NE 1ST STREET
MIAMI FL 33132**

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

04/30/1984

5. FEI Number

59-2428749

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	ZAFIRIS, ANASTASIOS	36 NE 1ST STREET #134	MIAMI FL 33132
VP	ZAFIRIS, DESPINA	36 NE 1ST STREET #134	MIAMI FL 33132

000004721110--7
-12/12/01--01074--019
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

**ZAFIRIS, ANASTASIOS
36 NE 1ST STREET
MIAMI FL 33132**

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

(Signature)
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-21-01

AD

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
ZAFIRIS

Date

Daytime Phone #

10-21-01

365
374-7730

CR20040 (8/01)