

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 15 PM 4: 53

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H57735

1. Corporation Name

OZ, INC.

2. Principal Office Address

5505 Blue Lagoon Dr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

5505 Blue Lagoon Dr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/1985

5. FEI Number

592539432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S. Pine Island Road

Suite, Apt. #, etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D&P	Michael Ellis	5505 Blue Lagoon DR.	Miami, FL 33126
D&T	Sheila Reinken	5505 Blue Lagoon Dr	Miami, FL 33126
D&S	W. Barry Blum	5505 Blue Lagoon DR	Miami, FL 33126
VP	Amy Knights	5505 Blue Lagoon DR	Miami, FL 33126
VP	Elsie Romero	5505 Blue Lagoon DR	Miami, FL 33126
AS	Lisa Wilson	5505 Blue Lagoon DR	Miami, FL 33126

10. 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 #

CR2E081 (01/04)

Untitled

BKC had originally submitted the 2003 annual report with check for \$550.00 per corporation.

There was a problem with the officers list on the annual report. The filing was rejected

and a letter was sent to BKC notifying us with the issue on the officers list. The State of

Florida did not return the \$550.0 check and cashed it. BKC did not receive the letter

notifying us of the rejection and the need to correct the officers list.

I did speak with someone at the SOS office and told BKC need only submit the balance of the

\$900.00 and that the \$550.00 would be applied to the reinstatement fee.

Lisa Wilson

Burger King Corporation

RECEIVED
04 JUN 15 PM 2:22
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA