

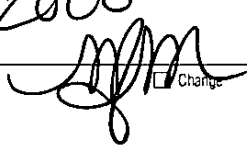
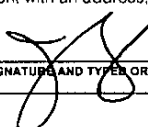


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 DEC -1 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J80156 1. Entity Name AZZERTS CORPORATION					
Principal Place of Business 39 EAST 78TH STREET SUITE 603 NEW YORK, NY 10021			Mailing Address % BRUCE M. GOTTLIEB 125 N 46 AVENUE HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # 411 N. New River Dr. East Suite 2906		3. Mailing Address 411 N. New River Dr. East Suite 2906			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 59-2834230	
Zip 33301		Zip 33301		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOTTLIEB, BRUCE M 125 N 46 AVENUE HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO TREZZA, JAMES F <input type="checkbox"/> Delete 3041 N 35 STREET HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Trezza, James F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 411 N. New River Dr. East, Suite 2906 Fort Lauderdale, FL 33301	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP YOLDAS, DANIELLE <input type="checkbox"/> Delete 2614 CLEMATIS PLACE FORT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> 400138345734 12/01/08--01071--001 **361.25 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> REINSTATEMENT </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> 2008  </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			11/25/08 9547635935 <small>Date Daytime Phone #</small>		