

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K12984

1. Corporation Name

STZ WORLD ENTERPRISES, INC

Principal Place of Business

Mailing Address

7310 ALOMA AVE
WINTER PARK;
FL 32792

7310 ALOMA AVE
WINTER PK
FL 32792

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

2. New Principal Office Address, if Applicable

SAME AS ABOVE

3. New Mailing Office Address, if Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 22, 1988

5. FEI Number

69-2863536

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PR	Mohammed Tawwalh	189 QUAIL ROOST ST DELTONA FL 32725	DELTONA FL 32725
V/PR	Mohammed Tawwalh	" " "	" " "
Sec	Mohammed Tawwalh	" " "	" " "
Trea	Mohammed Tawwalh	" " "	" " "

REINSTATEMENT

8. Name and Address of Current Registered Agent

Mohammed Tawwalh
189 Quail Roost St
Deltona - FL - 32725

9. Name and Address of New Registered Agent

Name MOHAMMED TAWWAB

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

7310 ALOMA AVE

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32792

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

Mohammed Tawwalh

REGISTERED AGENT MUST SIGN

Date

JAN 12, 99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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:

Mohammed Tawwalh; PRESIDENT
MOHAMMED TAWWAB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 12, 99

Daytime Phone #

407
677-5626