

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 APR 24 AM 9:14

DOCUMENT # K34039

1. Corporation Name

ASNZ INC

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #

7929 NW MIAMI CT

Suite, Apt. #, etc.

3. Mailing Office Address

7929 N.W. MIAMI CT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33150

Country

Zip

33150

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/23/88

5. FEI Number

65-0076168

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

KARIM, ALNOOR

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

16570 NE 26 AVE

Suite, Apt. #, Etc.

#2B

City

N. MIAMI BEACH

State

FL

Zip Code

33160

700272210387
04/24/15--01042--002 **4850.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/23/15

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
PD	KARIM, ALNOOR	16570 NE 26 AVE #2B	N.M. BEACH, FL 33160
STD	KARIM, SHABIR	3101 STONEHURST CTR	KISSIMMEE, FL 34741
REINSTATEMENT			
S. HAWKES			
APR 27 A.M.			
EXAMINER			

10. E-mail Address:

servicesupreme@bellsouth.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

KARIM, ALNOOR

4/23/15

(305) 759 5871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone