CORPORATION REINSTATEMENT The Institute of the advectory of State Bergerary of State DUBBON OF CORPORATIONS 1 APR 24 AM 9: 14 APR 24 AM 9: 14 APP	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
ASNZ INC Z Principal Office Address - No PO Box Z 925 NW MIAMI CT 1929 N.W. MIAM C 2008 ART # RC 2008 ART #		Secretary of State	APR <b>24</b>	AM 9: 14	
ASNZ INC Z Principal Office Address - No P & Box Z 925 N W MIAMI CT 1929 N.W. MIAM C 2008 Attracts - No P & Box Z 925 N W MIAMI CT 1929 N.W. MIAM C Cost building of Cost affect 925 N W MIAMI CT 1929 N.W. MIAM C Cost building of Cost affect 926 No P & State Attract Cost building of Cost affect 927 State Attractions - No P & Box Z 100 Building of Cost affect 928 Attraction - State Attractions		39	AMASSE	NESTATE F.EL <b>BRIG</b>	
7925 N.W. MIAMICT 7929 N.W. MIAMIC       CR2001 (11/10)         State Apt & etc.       State Apt & etc.         City 3 State       City 3 State         MIAMIL, FLORIDA       MIAMIL, FLORIDA         2315 0       Control         293 15 0       Control         7       Name and Address of Control Registered Agent         WHARTIN, ALLNOOR       Control Registered Agent         294 22 B       State Control Registered Agent         294 24 15 - 0007 0000000000000000000000000000000	•	IC			
Solid, P. L. Bull       Solid, P. L. Bull         Object, P. B. B.       Solid, P. B. B.         Object, P. B. B.       Copy & State         State       Copy & State         Object, P. B.       Copy & State         State       Copy & State	7925 NW MIAMICT	7929 N.W. MIAME	-	CR2E081 (11/10)	
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33150       33150       CERTIFICATE OF STATUS DESIRED       Statis additional For certification of statistical adjusts         1       Name and Address of Current Registered Agent       The Certificate of status desired agent         1       State address of Current Registered Agent         1       State address of State Address of State Officer Address of State Officer Address of State Officer Address address of Each Officer Address address address of Each Officer Address addres	MIAMI, FLORIDA	MIAMI, FLORIDA	65		
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# 2.B       D4/24/15-01042-002 ****650.00         Wi MIAMI.BEACH       FE 350.00         8. Loing appointed the registered agent of the above name for portation, and familiar with and accept the obligations of section 507.0505 or 617.0503, F.S.         By Manage and Street Addresses of Each Officer and/or Director (Plotda ponprofit coportations must list at least 3 directore)         These       Manage and Street Addresses of Each Officer and/or Director (Plotda ponprofit coportations must list at least 3 directore)         These       Officer and/or Directors         PD       KAR IM, A LN OOR       6570 NE 26 AVE # 28 N.M. BEACH, FL 33160         State       State / 20         PD       KAR IM, SHARS IR       3101 STONEHURST CTR         KISS ImmEE, FL 34741         REGISTERED AGENT MUST RIGH         Choose and/or Directors       Crey / State / 20         PD       KAR IM, A LN OOR       6570 NE 26 AVE # 28 N.M. BEACH, FL 33160         STD KAR IM, SHARS IR       3101 STONEHURST CTR       KISS ImmEE, FL 34741         REFINISTATEMENT       S. HAWKES         It extra the application as poor discustor that a empoage of discustor that application as poor discustor of the compared to extra the application as poor discustor for 7.5 % ft the rest ft that wen flag this         It costly that I am an officer or director of that see empowered to extra the application as application as the costly of 07.7 5 % ft there certly that wen flag this </td <td colspan="3"></td> <td></td>					
N: MIAMI.BEACH       FL/33160         8. I. being appointed the registered agent of the above name of portoration. an familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.         Signature of Registered Agent       Date         REGISTERED AGENT MUST SIGN         9. Names and Street Addresses of Each Officer and/or Director (Florida registered Agent)         Titles       Officer and/or Directors         0. Names and Street Addresses of Each Officer and/or Director (Florida registered Agent)       Cny / State / Zip         PD       KARIM, ALNOOR       6570 N E 26 AVE # 2B N.M. BEACH, FL 33160         ST D KARIM, SHABIR       SIDI STONEHURST CTR KISSI may EE, FL34741         RESISTERED AGENT MUST SIGN       Street Address of Each         0fficer and/or Director       Cny / State / Zip         PD       KARIM, ALNOOR       6570 N E 26 AVE # 2B N.M. BEACH, FL 33160         ST D KARIM, SHABIR       SIDI STONEHURST CTR KISSI may EE, FL34741         RESINSTATEMENT       S. HAWKES         I. bentify that I am an officer or director or trustee empowered to execute this application at officer bit and accurate and accurate. and my signature shall be the first or this application at the resondor discustor that posterion indicated on this application in a stree and accurate. and my signature shall have the asting the registered accurate. and my signature shall have the asting the first or add accurate. and my signature shall have the asting lige for the strust and accurate. and my signature shall h	#2B		70 04724	00272210387 1/1501042002 **4650.00	
Signature of Registered Agent	NIMIAMI, BEACH	A FL 33160			
9. Names and Street Addresses of Each Officer and/or Director (Florida ponprofit corporations must list at least 3 directors)         Titles         Officers and/or Directors         City / State / Zip         PD KARIM, ALNOOR 16570 NE 26 AVE H 2B N.M. BEACH, FL 33160         STD KARIM, ALNOOR 16570 NE 26 AVE H 2B N.M. BEACH, FL 33160         STD KARIM, SHABIR         STONEHURST CTR KISSI MMEE, FL 34741         REINSTATEMENT         REINSTATEMENT         City / State / Zip         In address:         SECVICESU ACCME Colspan="2">Street Address of Each         City / State / Zip         P KARIM, ALNOOR         AM. EXAMINER         REINSTATEMENT         SECVICESU ACCME Colspan="2">Colspan="2">City / State / Zip         It is a man officer or director or threads a minute moor most head street hea	Signature of Registered Agent			14/22/15	
PD KARIM, ALNOOR 16570 NE 26 AVE #28 N.M. BEACH, FL 33160 STD KARIM, SHABIR 3101 STONEHURST CTR KISSIMMEE, FL34741 REINSTATEMENT S. HAWKES PR 27 AM. EXAMINER 10. E-mail Address: Sec VICESU ACCOME 06 EU SOUTH-NEC II Certify that I am an officer or direction or thus teo empowered to execute this application as provided for in chapter 507 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 frees owed by the corporation have been all information indicated on this application is provided for in chapter 507 or 617. F.S. I further certify that when filing this results and maximum terest the same legal effect as if made under osth. I am aware that have the tame information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under osth. I am aware that have the same information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under osth. I am aware that have the same legal effect as if made under osth. I am aware that have the same legal effect as if made under osth. I am aware that have the same legal effect as if made under osth. I am aware that have the same legal effect as if made under osth. I am aware that have the same legal effect as if made under osth. I am aware that have the same legal effect as if made under osth. I am aware that have the same legal effect as if made under osth. I am aware that have the same legal effect as if made under osth. I am aware that have the same legal effect as if made under osth. I am aware that have the same legal effect as if made under osth. I am aware that have the same legal effect as if made under osth. I am aware that have the same legal effect as if made under osth. I am aware that have the same legal effect as if made under osth. I am aware that have the		t/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)		
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II. E-mail Address:       Set VICESU AIEME (because 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:       Will M					
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(15 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 507 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 said. 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 the 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: SIGN	REINSTATI	EMENT	<u></u> S. H	AWKES	
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