

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**

STATE OF FLORIDA  
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.

CR2E081 (11/10)

City & State  
**MIAMI, FLORIDA**  
Zip  
**33150**

City & State  
**MIAMI, FLORIDA**  
Zip  
**33150**

4. Date Incorporated or Qualified To Do Business in Florida  
**9/23/88**

5. FEI Number  
**65-0076168**

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  
*[Signature]*

Date **4/23/15**

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

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: *[Signature]* **KARIM, ALNOOR** **4/23/15** **(305) 759 5871**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #