

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000005884

FILED  
Oct 05, 2007  
Secretary of State

**Entity Name:** THE ZOROASTRIAN ASSOCIATION OF FLORIDA INC.

**Current Principal Place of Business:**

14051 S.W. 31ST STREET  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

427 GOLDEN ISLES DRIVE  
15F  
HALLANDALE, FL 33009 US

**New Mailing Address:**

**FEI Number:** 65-0786847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

AVESTA INC  
427 GOLDEN ISLES DR  
15F  
HALLANDALE, FL 33009 US

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.

SIGNATURE: ZERSIS MINOCHER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DARUWALLA, KHUSHROO M  
Address: 14051 S.W. 31ST STREET  
City-St-Zip: DAVIE, FL 33330

Title: DV ( ) Delete  
Name: BHADHA, PAULI  
Address: 11603 SUNFISH WAY  
City-St-Zip: COOPER CITY, FL 33026

Title: SD ( ) Delete  
Name: DARUWALLA, JAHANBUX B  
Address: 21050 POINT PLACE #1205  
City-St-Zip: AVENTURA, FL 33180

Title: DD ( ) Delete  
Name: IRANI, JEROO  
Address: 11055 SW 15 ST #108  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TD ( ) Delete  
Name: MAJOR, JIMMY  
Address: 7169 SW 20 PLACE  
City-St-Zip: DAVIE, FL 33317

Title: D ( ) Delete  
Name: KAVASMANECK, ABAN P  
Address: 134 OLIVERA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KHUSHROO M. DARUWALLA

PD

10/05/2007

Electronic Signature of Signing Officer or Director

Date