

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053383

1. Corporation Name

NAZA, INC.

Principal Place of Business

Mailing Address

315 N. GROVE ST.
EUSTIS FL 32726

2513 SPRING HARBOR CIRCLE
SUITE 8
MOUNT DORA FL 32757



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3650281

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ALAM, MATIUL M	2513 SPRING HARBOR CIRCLE, STE.	MOUNT DORA FL 32757

200023969332

10/21/03--01060--006 *\$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALAM, MATIUL M
315 N. GROVE ST.
EUSTIS FL 32726

Name

M MATIUL ALAM

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

315 N GROVE ST

Suite, Apt. #, Etc.

EUSTIS

City

State

Zip Code

FL

32726

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. or 617.0505, F.S.

Signature of
Registered Agent

M. Matul Alam SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10.15.03

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., 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)(i), 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:

M. Matul Alam SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.15.03

CR2E040 (7/03)

Florida Department of State
Division of Corporations.
Tallahassee, FL 32314

Dear Sir/Madam,

This is the first time I received
such letter. I have not received any
letter regarding renewing my Corporation
before today. I understand, that
does not exclude me from the
penalty for my ignorance, but I also
know I am not that kind of full
hearted business man, just doing it
for survival, but I can assure you
I shall remember the date Sept 19
from ~~today onward~~ ~~today onward~~ if you kindly waive
my penalty this time.

Thank you.

Sincerely
Jon Naza, Inc.
M. M. Alawi
2513, Spring Harbor Dr
#8, MT, D.C.