

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

02 MAY 24 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000063775**

1. Corporation Name

KAZIGRAPHY, INC.

REINSTATEMENT 2001-2002

2. Principal Office Address

125 COLSON DR.

Suite, Apt. #, etc.

City & State

CUDJOE KEY, FL.

Zip

33042

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

6-13-2000

5. FEI Number

65-1026780

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03/12/01

90023 015

\$150.

7. Name and Address of Current Registered Agent

Name

KAZI AHMED

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

125 COLSON DR.

700005821587-5

-06/18/02--01074--003

Suite, Apt. #, Etc.

******750.00 ****750.00**

City

CUDJOE KEY

State

FL

Zip Code

33042

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

Kazi Ahmed

REGISTERED AGENT MUST SIGN

Date **2-18-02**

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
P	KAZI AHMED	125 COLSON DR.	CUDJOE KEY, FL. 33042
			750.00-Adm

10. 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:

Kazi Ahmed - KAZI AHMED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-02 (305) 744-0444

Date

Daytime Phone #

CR2E081 (9/01)