

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -2 PM 3: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000089840

1. Corporation Name

ARMAND AZULAY, INC.

700156682407
06/02/09--01030--015 **450.00

REINSTATEMENT CB250812 (12/08) 07-09

2. Principal Office Address - No P.O. Box #

10140 W BAY HARBOR DR

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 502

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

Zip

33154

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/2000

5. FEI Number
65-1041261

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ARMAND AZULAY

Street Address (P.O. Box Number is Not Acceptable)
10140 W BAY HARBOR DR

Suite, Apt. #, Etc.
SUITE 502

City
MIAMI BEACH,

State
FL

Zip Code
33154

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Armand Azulay
REGISTERED AGENT MUST SIGN

Date 5/28/09

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
D, P	ARMAND AZULAY	10140 W BAY HARBOR DR	MIAMI BEACH, FL 33154

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 contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Armand Azulay
ARMAND AZULAY

5/28/09
Date

305-867-0610
Daytime Phone #

1146