

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 MAR 30 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 000000 93392

1. Corporation Name

Pari INC

2. Principal Office Address

1743 SW 103 Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1743 SW 103 Ln

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33324

Country

U.S.A

Zip

33324

Country

U.S.A

**REINSTATEMENT**

CR2E081 (12/05)

0306

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/2000

5. FEI Number

65-1048314

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

MARJAN MAZZA

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

1743 SW 103<sup>rd</sup> Lane

Suite, Apt. #, Etc.

500074535045

05/14/06--01001--012 \*\*600.00

City

Davie

State

FL

Zip Code

33324

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

Marjan Mazza

Date 3/21/06

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
President	MARJAN MAZZA	1743 SW 103 <sup>rd</sup> Lane	Davie, FL 33324

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:

Marjan Mazza

MARJAN MAZZA

3/21/06

(954) 559-0095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Re: Amendment

3/21/06  
2/2

Dear MS Milligan:

Thank you for all the information you provided me today regarding the Reinstatement form as well as Amendment forms.

Attached please find these forms, as I mentioned to you in our phone conversation I did not receive any notices <sup>for 2003</sup> due to my address change, I respectfully am requesting that you waive the Reinstatement fee of \$600.00

Attached please find two checks one for \$600 and the other for \$35.

Thanks again for all your help.

Best Regards

Maryn Mazz G