

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -9 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000059747*

1. Corporation Name

KAFAZA, INC.

2. Principal Office Address

1521 ALTON ROAD #88

Suite, Apt. #, etc.

#88

City & State

MIAMI BEACH

Zip

FI

Country

33139

3. Mailing Office Address

1521 ALTON ROAD

Suite, Apt. #, etc.

#88

City & State

MIAMI

Zip

FI

Country

33139

REINSTATEMENT

0205

4. Date Incorporated or Qualified
To Do Business in Florida

06-15-2001

5. FEI Number

Applied For

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

Ghaleb Mustafa

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

1521 ALTON ROAD

Suite, Apt. #, Etc.

#88

City

MIAMI BEACH

State

FL

Zip Code

33139

500048983475

*03/23/05--01014--021 ***1200.00*

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

Ghaleb Mustafa

REGISTERED AGENT MUST SIGN

Date

3/8/2005

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
PD	Mustafa, Ghaleb -	1521 ALTON ROAD	MIAMI BEACH, FL 33139

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:

Ghaleb Mustafa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/8/2005

Daytime Phone #

784-290-0526

CR2001 (01/04)