

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 SEP 18 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086967

1. Corporation Name

A TO Z WORLDWIDE, INC.

400136101064  
09/18/08--01041--011 \*\*750.00

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

17832 SOUTH DIXIE HWY

Suite, Apt. #, etc.

LOT # 6

City & State

MIAMI FLORIDA

Zip

33157

Country

USA

3. Mailing Office Address

7501 BAY PORT ROAD

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32819

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/31/2001

5. FEI Number  
651132089

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

MOHAMMED A QASMI

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

7501 BAY PORT ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

☒ 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

*M. A. Qasmi*

REGISTERED AGENT MUST SIGN

Date 9/5/2008

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
DP	ZEB QASMI	7501 BAY PORT ROAD	ORLANDO / FL/ 32819
DS	ZEB QASMI	7501 BAY PORT ROAD	ORLANDO / FL/ 32819

**RH**  
**REINSTATEMENT**

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:

*Zeb Qasmi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/2008

Date

407-704-4776

Daytime Phone #