

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 NOV 22 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000107236

**1. Corporation Name**

CN NAZA CORPORATION  
12980 NW 9 LANE  
MIAMI, FL 33182

**2. Principal Office Address**

12980 NW 9th Lane

**3. Mailing Office Address**

12980 NW 9th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33182

Country

Dade

Zip

33182

Country

Dade

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/06/2001

**5. FEI Number**

80-0030417

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

Carlos Nachon

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

12980 NW 9th Lane

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

**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

Date

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
D	Nachon, Carlos	12980 NW 9th Lane Miami, FL 33182	Miami, FL 33182

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/04

CR2E081 (01/04)

**CN Naza Corporation  
12980 NW 9 Lane  
Miami, Fl 33182**

November 12, 2004

---

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Florida 32314  
Attention: Sean Toner

**Re: CN Naza Corporation**

Dear Mr. Toner:

Please accept this letter as confirmation that the notification of renewal for the above mentioned corporation was never received in 2004. I am attaching a check in the amount of \$158.75 as payment for reinstatement.

Please contact me at (305) 854-1040 if you have any questions.

Thank you for your consideration.

Sincerely,



Vivian Williams  
Assistant