

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 21, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P01000112620

1. Corporation Name

ZAZA CENTRAL REAL ESTATE INVESTMENT, INC.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

238 WOODLAND AVE.

Suite, Apt. #, etc.

N/A

City & State

DAYTONA BCH, FL.

Zip

32118-3342

Country

U.S.A.

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

11/21/01

5. FEI Number

59-3756329

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

NAJI ZAZA

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

238 WOODLAND AVENUE

Suite, Apt. #, Etc.

N/A

City

DAYTONA BEACH

State

FL

Zip Code

32118-3342

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Jan-16-03

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
DIR.	NAJI ZAZA	238 WOODLAND AVENUE	DAYTONA BEACH, FL. 32118

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]
NAJI ZAZA
DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan-16-03

Daytime Phone #

CR2E081 (9/01)

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