

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 FEB 15 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000065615

~~2005~~

2006

1. Corporation Name

SHAZ ENTERPRISES, INC.

**REINSTATEMENT**

04-06

2. Principal Office Address

3343 BROADWAY

3. Mailing Office Address

3303 W COMMERCIAL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 290

City & State

RIVIERA BEACH

City & State

FT. LAUDERDALE

Zip  
33403

Country

BROWARD

Zip  
33309

Country

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

03/13/2002

5. FEI Number

020621574

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

SHIVJI, SALEEM

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

3303 W COMMERCIAL BLVD.

200066133822

02/17/06--01030--021 \*\*450.00

Suite, Apt. #, Etc.

290

City

FT. LAUDERDALE

State  
FL

Zip Code  
33309

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

REGISTERED AGENT MUST SIGN

Date 02/03/2006

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
VP	SHIVJI, SALEEM	3303 w Commercial Blvd. Ste 290	Ft. lauderdale, Fl 33309
D	ALTAF, MOHAMMAD F	3303 w Commercial Blvd. Ste 290	Ft.. Lauderdale, Fl-33309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-06

Date

954-318-1134

Daytime Phone #

**KATTOURA & ASSOCIATES, INC.**  
ACCOUNTING, BOOKKEEPING & TAX SERVICES

1499 West Palmetto Pk Rd  
Suite 416  
Boca Raton, Fl. 33486  
TEL: (561) 362-0491

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National Society of Tax Professional

February, 03 2006

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**REF: SHAZ ENTERPRISES, INC. / Document #P02000065615**

Dears Sirs,

Because our client never received the notice to file annual report fee, please accept this filing according our conversation today by phone to submitted the **Annual reports for the years 2004 and 2005 as a reinstatement.**

Thank you for your cooperation in this matter.

If you have any further question, please do not hesitate to contact us.

Sincerely

  
Andre K Kattoura

**Enclosure (s)**  
**Check # 150.00 with annual report Form 2005**