

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 22 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000110965**

1. Corporation Name

NAZIA, INC.

Principal Place of Business

Mailing Address

2513 SPRING HARBOR CIRCLE
SUITE 8
MOUNT DORA FL 32757

2513 SPRING HARBOR CIRCLE
SUITE 8
MOUNT DORA FL 32757

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business In Florida

10/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip Country

Zip Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ALAM, MMATIU	2513 SPRING HARBOR CIRCLE, SUITE	MOUNT DORA FL 32757

REINSTATEMENT

600024475426
11/06/03--01015--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

M MATIU ALAM

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

1725 N ALAFAYA TRAIL

Suite, Apt. #, Etc.

ORLANDO

City

State

FL

Zip Code

32826

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date Oct. 16, 2003

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 16, 2003

CR20040 (7/03)

20f2

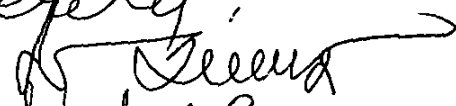
Dec-12/2003
DIVISIONS OF CORPORATIONS
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA.

Ref: P02000110965

Dear Sir/Madam,

Thank you for your letter dated
November 12, 2003. This is to inform
you that I never received the 2nd
notice of uniform Business report/
reinstatement.

Under the Circumstances may I
request to waive the late reinstatement
fee & oblige thereby.

Thanking you
Sincerely,

Munir Ahmad
Pres.
NAZIA, INC.