

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAR 18 PM 12:30

DOCUMENT # 04000052914

1. Corporation Name

NAZIH ENTERPRISES, INC.

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

10926 ARBOR RIDGE DR

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33624

Country

US

3. Mailing Office Address

10926 ARBOR RIDGE DR

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33624

Country

US

400172551894  
03/18/10--01039--013 \*\*450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/25/2004

5. FEI Number  
870722972

☐ 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

NOURIDDIN NAZIH

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

10926 ARBOR RIDGE DR

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

☒ 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

*T. Nazih*

REGISTERED AGENT MUST SIGN

Date 03/16/2010

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
P	NOURIDDIN NAZIH	10926 ARBOR RIDGE DR	TAMPA, FL 33624
VP	TONYA SCAGLIONE	10926 ARBOR RIDGE DR	TAMPA, FL 33624

REINSTATEMENT

08-10

10. E-mail Address: TAMPABAYVALET@YAHOO.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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:

*T. Nazih*

TONYA J. SCAGLIONE

03/16/2010 8137604718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #