

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 21 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000038054**

1. Corporation Name

A2Z EMBROIDERY INC

REINSTATEMENT 08-10

200166854202
01/21/10--01043--004 **450.00
CR2E081 (11/09)

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

6900 PHILIPS HWY

3. Mailing Office Address

Suite, Apt. #, etc.

30

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

Zip

32216

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/2005

5. FE# Number
20-2489149

☐ 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

ZEF MANDI

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

6900 PHILIPS HWY

Suite, Apt. #, Etc.

30

City

JACKSONVILLE

State

FL

Zip Code

32216

☒ 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. If, 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 **01/16/2010**

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	ZEF MANDI	5601 BRAMPTON FALLS LANE	JACKSONVILLE FL 32258
S	MARGARITA MANDI	5601 BRAMPTON FALLS LANE	JACKSONVILLE FL 32258

DC 1/25

10. E-mail Address:

(To be used for future annual report notification)

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. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-10 904-296-7878

Date

Daytime Phone #