## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000057483

AHARON, OZ

311 JOHN RINGLING BLVD

SARASOTA, FL 34236

Name:

Address:

City-St-Zip:

FILED Oct 14, 2009 Secretary of State

Entity Name: OZ INDUSTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 311 JOHN RINGLING BLVD SARASOTA, FL 34236 **Current Mailing Address: New Mailing Address:** 311 JOHN RINGLING BLVD SARASOTA, FL 34236 FEI Number: 75-3214930 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LACKEY, LARRY A SR 15 PARADISE PLAZA SUITE 298 SARASOTA, FL 34239 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: LARRY A LACKEY Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition AHARON, OZ Name: Name: 311 JOHN RINGLING BOULEVARD Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: VΡ Title: () Delete (X) Change ( ) Addition AHARON, OR Name: Name: AKKAS, ERDAL 311 JOHN RINGLING BLVD 1229 CRYSTAL SPRING LANE Address: Address: SARASOTA, FL 34226 HERNITAGE, TN 37076 US City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition AHARON, OZ Name: Name: 311 JOHN RINGLING BOULEVARD Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: AS (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: OZ AHARON **PRES** 10/14/2009