2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# P06000115823

Entity Name: KAZIK CORP

Current Principal Place of Business:

6767 COLLINS AVENUE
602
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6767 COLLINS AVENUE
602
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 20-5504231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULKOWSKI, ISABELLA
6767 COLLINS AVENUE
602
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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: ISABELLA SULKOWSKI

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:

Title: P ( ) Delete
Name: SULKOWSKI, ISABELLA
Address: 6767 COLLINS AVENUE APT 602
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP ( ) Delete
Name: SULKOWSKI, KAZIMIEREZ
Address: 6767 COLLINS AVENUE APT 602
City-St-Zip: MIAMI BEACH, FL 33141

Title: T ( ) Delete
Name: SULKOWSKI, PATRICIA
Address: 6767 COLLINS AVENUE APT 602
City-St-Zip: MIAMI BEACH, FL 33141

Title: S ( ) Delete
Name: SULKOWSKI, ADAM
Address: 6767 COLLINS AVENUE APT 602
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP ( ) Delete
Name: SULKOWSKI, MINA
Address: 6767 COLLINS AVENUE APT 602
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ISABELLA SULKOWSKI P 10/27/2008

Electronic Signature of Signing Officer or Director — Date