2009 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P07000032018							ED	
1. Entity Name								
JUST KHAZEF	HAZERAY, INC.				. (09 JUL 22	PM 1:59	
Principal Place of Business Mailing Address						ECAFTARY	OF STATE	
5220 BUTLER STRE					TAI	LAHASS	F. FL OPIDA	
	TTSBURGH, PA 15201 PITTSBURGH, PA 15201						-rii LUKIUA	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address SIS JOHN KNOX P.D.								
Suite, Apt. #, etc. Suite. Apt. #, etc.					07222009	REIN-P	CR2E098 (1/0	7)
City & State City & State Town ALL SSEE &					4. FEI Numbe	r	7	Applied For Not Applicable
32303 Country 203303 Cour				con l	5. Certificate	of Status Desired	□ \$8.75 / Fee Requ	
6. 1	Name and Address of Current R	egistered Agent			7. Name and	Address of New	Registered Agent	
Name Name								
						r is Not Acceptab	(e) +615	ב"מ
APT. 7P - 700						0 51.	4-12	
MIAMI, FL 33138								
City MAM FL Zingode 137								
8. The above named entity submits this statement for the surpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
7 22 (09								
SIGNATURE Signature, typestra, printed half of registered agent and pile it applicable (NOTE: Registered Agent signature required when reinstating) DATE								
In accordance with s. 607.193(2)(b), F.S., the								
FILE NO	WIII FEE IS \$300.00						not receive the price	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTO	DRS IN 11
TITLE VD	Allow .	☐ Delete	TITLE				☐ Chang	e 🔲 Addition
	ER, RAYMOND		NAME	ET ADDRESS				
	5220 BUTLER STREET SIRE PITTSBURGH, PA 15201 CITY							:
TITLE P		☐ Delete	TITLE		F			e- 🗌 Addition
	ER, KERI		NAME		07.72	'3/N9N1N	3807年響! 01001 **:	300.00
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CITY ST ZIP				ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachmentwith an address, with all other like empowered.								
SIGNATURE: SURATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO Date Date Daylime Phone #								
SIGNATURE	SUSTANISEDA UN TUNTO CO CO	INTER NAME OF COMING OFFICER OF	0 010507	OR		22/29	Daytime Phone	7000