

APPROVED  
AND  
FILED

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 AUG 15 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000024123**

1. Corporation Name

**ZAVEN KAZAN ENTERPRISES, INC.**

2. Principal Office Address

**2000 PGA BLVD**

Suite, Apt. #, etc.

**#5503**

City & State

**PALM BEACH GARDENS, FL**

Zip

**33408**

Country

**USA**

3. Mailing Office Address

**1024 SHADY LAKES CIRCLE**

Suite, Apt. #, etc.

City & State

**PALM BEACH GARDENS, FL**

Zip

**33418**

Country

**USA**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/22/93**

5. FEI Number

**65-0394016**

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

**ZAVEN KAZANDJIAN**

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

**1024 SHADY LAKES CIRCLE**

Suite, Apt. #, Etc.

City

**PALM BEACH GARDENS**

State

**FL**

Zip Code

**33418**

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

*[Signature]*

Date

**8/14/06**

REGISTERED AGENT MUST SIGN

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
DS	ZAVEN KAZANDJIAN	1024 SHADY LAKES CIRCLE	PALM BEACH GARDENS, FL 33418
VP	ZAVEN KAZANDJIAN	1024 SHADY LAKES CIRCLE	PALM BEACH GARDENS, FL 33418

100079126691

08/25/06--01029--017 \*\*908.75

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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]*

**ZAVEN KAZANDJIAN**

Date

**8/14/06**

Daytime Phone #

BUS. 561-630-0506 DAY

561-635-8691 CELL

8/17

2/2

## DIVINE, BLALOCK, MARTIN & SELLARI, P.A.

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SCOTT A. STEIN, CPA\*\*  
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### CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

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### MEMBERS

AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF  
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ESTABLISHED 1932

WILBUR F. DIVINE, III, CPA (1896-1964)  
WILBUR F. DIVINE, IV, CPA (1925-1989)  
JAMES A. BLALOCK, CPA (1914-1996)

\*REGULATED BY THE STATE OF FL  
\*\*REGULATED BY THE STATE OF FL AND  
THE STATE OF NY

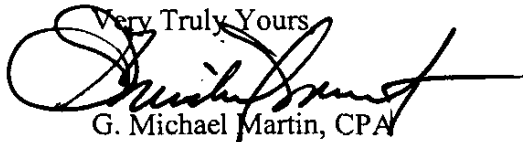
Florida Department of State  
Secretary of State  
Division of Corporations  
Corporate Reinstatement  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Zaven Kazan Enterprises, Inc. 65-0394016

Ladies and Gentlemen:

This letter is to state that the Officers and Directors of the above named corporation do not remember ever receiving the annual report notice in the year of dissolution/revocation. Please accept this as our request for waiver of the reinstatement fee of \$600. Enclosed is the required annual report fee since 2001 as well as the corporate supplemental fees and \$8.75 for a certificate of status.

Very Truly Yours,



G. Michael Martin, CPA

Attest:



Zaven Kazandjian, Director/VP/Sec