

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED-

00 AUG 24 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 94000073124**

1. Corporation Name

ZNV, INC.

[Handwritten signature]

REINSTATEMENT 95-00

2. Principal Office Address

12020 MLK Blvd.

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seffner, FL

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/94

5. FEI Number

65-0527796

Applied For

Not Applicable

Zip

33584

Country

USA

Zip

33584

Country

HILLSBOROUGH

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sheikh Mohibul Hoque

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

12020 MLK, Blvd.

Suite, Apt. #, Etc.

City

Seffner

State

FL

Zip Code

33584

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

[Handwritten signature: SK. Mohibul Hoque]

Date **08/23/00**

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
P/D	HOQUE, Sheikh Mohibul	12020 MLK Blvd.	Seffner, FL 33584
+ S/T	aka Mohibul, Sheikh	Same	

800003371508-9

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 under section 119.07(3)(i), 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:

[Handwritten signature: Sheikh Mohibul Hoque, Pres.]
[Handwritten signature: Sheikh Mohibul Hoque (President)]

8/23/00

662-0212

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 809704 11343A

AUTHORIZATION :

Patricia Pizjuts

COST LIMIT : \$ 1508.75

ORDER DATE : August 24, 2000

ORDER TIME : 10:38 AM

ORDER NO. : 809704-005

CUSTOMER NO: 11343A

CUSTOMER: Mr. Thomas S. Rutherford, Jr.
Thomas S. Rutherford, Esq
Suite 201
11016 North Dale Mabry
Tampa, FL 33618

DOMESTIC FILINGS

NAME: ZNV, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156

EXAMINER'S INITIALS _____

RECEIVED
00 AUG 24 AM 11:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32317