

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -4 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9500000 1078

1. Corporation Name

AZA VENTURES VI, INC.

2. Principal Office Address

4205 West Atlantic Ave

3. Mailing Office Address

4205 West Atlantic Ave

Suite, Apt. #, etc.

Suite 201

City & State

Delray Beach, FL

Zip

33445

Country

USA

Suite, Apt. #, etc.

Suite 201

City & State

Delray Beach, FL

Zip

33445

Country

USA

REINSTATEMENT 02-24

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/05/95

5. FEI Number

65-0562380

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

Eugene N. Suttin

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

4205 West Atlantic Avenue

Suite, Apt. #, Etc.

Suite 201

City

Delray Beach

State

FL

Zip Code

33445

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

Eugene N. Suttin

REGISTERED AGENT MUST SIGN

Date

6/2/04

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
D/P/S/T	Suttin, Eugene N.	4205 West Atlantic Ave	Delray Beach, FL 33445

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:

Eugene N. Suttin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eugene N. Suttin, President

Date

6/2/04

Daytime Phone #

561-496-8899

CR2001 (01/04)