

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 APR 11 AM 10:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

96-97

DOCUMENT # 095000013997

1. Corporation Name

S AND Z, INC.

Principal Place of Business

Mailing Address

2701 SO. DIXIE HWY.
WEST PALM BEACH, FL 33405

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

NOV. 1995

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0635729

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	MUHAMMAD SIDDIQI	4200 COMMUNITY DRIVE APT # 2402	WEST PALM BEACH, FL 33405
V. PRES.	ZIA SIDDIQI	4200 COMMUNITY DRIVE APT # 2402	WEST PALM BEACH, FL 33405
		3970 CIRCLE LAKE DR.	West PALM BEACH FL 33417
		3970 CIRCLE LAKE DR	West PALM BEACH FL 33417
			500002143355--7 -04/15/97--01042--007 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUHAMMAD SIDDIQI
~~4200 COMMUNITY DRIVE #2402~~
WEST PALM BEACH FL 33405
3970 CIRCLE LAKE DR,
West Palm BEACH, FL 33417

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Muhammad S. Siddiqi
REGISTERED AGENT MUST SIGN

Date

4-3-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Muhammad S. Siddiqi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-97, 561-655-4277

CR2E040 (12/95)