


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041178

1. Corporation Name

AZ ASSOCIATES, INC.

Principal Place of Business

1235 N. ORANGE AVE  
ORLANDO FL 32804  
US

Mailing Address

5426 OSPREY ISLE LN  
ORLANDO FL 32819

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

2. New Principal Office Address, If Applicable

5426 Osprey Isle Lane

3. New Mailing Office Address, If Applicable

5426 Osprey Isle Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/25/1995

5. FEI Number

59-3318872

Applied For

Not Applicable

6. 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ZIMAND, ARTHUR	5426 OSPREY ISLE LN	ORLANDO FL 32819

200004719082--0  
-12/11/01--01073--006  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

ZIMAND, ARTHUR  
5426 OSPREY ISLE LN  
ORLANDO FL 32819

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 11/8/01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #