

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000041178

1. Corporation Name

AZ ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5426 OSPREY ISLE LANE
ORLANDO FL 32819
US

5426 OSPREY ISLE LANE
ORLANDO FL 32819
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ZIMAND, ARTHUR	5426 OSPREY ISLE LN	ORLANDO FL 32819

700008750817
11/01/02--01026--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZIMAND, ARTHUR
5426 OSPREY ISLE LN
ORLANDO FL 32819

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR
ZIMAND

10/27/02

407-876
4397

Date

Daytime Phone #

CR20040 (8/02)

10/25/02

To Whom It May Concern

The prior UBR notices were
not received. The address for
A2 ASSOCIATES was changed & the
mail was not forwarded.

You do have the correct address
now.

— Thank you —

ARTHUR ZIMAND

407-876-4397
phone - 407-876-0013

October 25, 2002



October 25, 2002

Florida Department of Revenue
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Reg: 2002 Uniform Business Report -59-3639344


To Whom It May Concern;

We are in receipt of your letter regarding failure to fill our 2002 Uniform Business Forms for our Florida Corporations.

We have received forms stating that our Corporation has been dissolved due to the fact that we have not filled a report for 2002. We were unaware of these forms and have not received any notices or forms before now. It is possible that our former Controller received these forms and failed to fill them before she resigned this year. We are anxious to correct this problem and we are returning the 2002 Annual forms. We are asking that you abate this penalty, as we have filled in a timely manner in previous years and were unaware of the yearly filling.

Thanking you in advance for your attention in this matter .

Sincerely,


Gerry Umali, Controller