PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETIN FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 1996 SEP 23 PM 2: 32 DOCUMENT # P95000051101 SECRETARY OF STATE 1 Corporation Name TALLAHASSEE, FLORIDA M. AZIZ CORPORATION Mailing Address Principal Place of Business 1317 SO. MILITARY TRAIL 1317 SO. MILITARY TRAIL DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 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 Date Incorporated or Qualified
 To Do Business in Florida 06/29/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status $Z_{\rm ID}$ Country Zip Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors OHAMMED. AZIZ CIRCLE COCONUT CREEK 33063 COCONUT CLEGK, FL. -10/16/96--01065--012 ****200.00 ****200.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name AZIZ, MOHAMMAD Street Address (P.O. Box Number is Not Acceptable) 1317 SO. MILITARY TRAIL **DEERFIELD BEACH FL 33442** Suite, Apt. #, Etc. Zip Code City State stered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S 10. I being appointed Signature of Registered Agent 11. Does this corporation pay any intangible tax to the See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. 12. 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

It 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:

M. AZIZ PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/96 (954) 968 10 the averling Prope # Date:-SEPT. 18TH 1996

TO, DEPARTMENT OF STATE DIVISION OF CORPORATION P.O.BOX 6327
TALLAHASEE. FL.32314

SUBJECT. Reinstatement of corporation # P95000051101

To Whome it may concer

With reference to your notice of revocation of my corporation, I called on sept 17th 1996 and talked to <u>STACY PRATHER</u> Explained that I was not aware of this matter and never received any notice from state prior to revocation of my corporation.

Again this is a first time as a new small business experience and I appolized and thanks for your co-operation in this mmatter.

I am enclosing an application for reinstatement along with \$200.00 fees per Stacy Prather suggetion.

Sincierly yours

M. AZIZ