

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 OCT 15 AM 9:15

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **95000058833**

1. Corporation Name  
**AZAR, INC.**

Principal Place of Business  
**2808 60th Ave. West  
 Apt. #1902  
 Bradenton, FL 34207**

Mailing Address  
**2808 60th Ave. West  
 Apt. #1902  
 Bradenton, FL 34207**

*AD*

**REINSTATEMENT**

*96-97*

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

2. New Principal Office Address, If Applicable <b>N/A</b>		3. New Mailing Office Address, If Applicable <b>N/A</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>July 27, 1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0679818</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/Dir.	Hanna T. Azar	2808 60th Ave. West	Bradenton, FL 34207
Treas.	Arianne M. Azar	410 81st Street West	Bradenton, FL 34209
Sec.	Anna Maria McCarthy	2808 60th Ave. West	Bradenton, FL 34207
			<b>000002323560--9</b>
			<b>-10/17/97--01116--002</b>
			<b>****915.00 ****915.00</b>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>Joseph L. Najmy, Esquire</b> <b>Harlee, Porges, Hamlin, Knowles, Bald &amp; Prouty, P.A.</b> <b>1205 Manatee Avenue West</b> <b>Bradenton, FL 34205</b>		Name <b>N/A</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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: *[Signature]* **JOSEPH L. NAJMY** REGISTERED AGENT MUST SIGN Date: **9-20-97**

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 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)(j), 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]* **Anna Maria McCarthy**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **8-25-97** Daytime Phone #: **7560114**  
**2398141**

CR2E040 (1/2/96)