

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 375

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 9 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000086129**

1. Corporation Name

ARZI INC.

Principal Place of Business

Mailing Address

801 PONCE DE LEON BLVD.
SUITE 501
CORAL GABLES FL 33134

801 PONCE DE LEON BLVD.
SUITE 501
CORAL GABLES FL 33134



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
PD	MURZI, ARTURO	801 PONCE DE LEON BLVD. SUITE 50	CORAL GABLES FL 33134
VSTD	MURZI, HANS	801 PONCE DE LEON BLVD. SUITE 50	CORAL GABLES FL 33134

300002026153--0
-12/11/96--01066--004
***375.00 ***375.00

JB2-10-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IRIONDO, ANDRES J
801 PONCE DE LEON BLVD.
SUITE 501
CORAL GABLES FL 33134

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

Andres J. Iriondo
REGISTERED AGENT MUST SIGN

Date

11/22/96

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)(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:

Arturo Murzi
ARTURO MURZI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/96
Date

305 445 0611
Daytime Phone #