

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

05 APR 21 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097751

1. Corporation Name
Kazi Management Corporation

2. Principal Office Address 54 N.W. 167th Street		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Miami Beach, FL		City & State	
Zip 33169	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/28/1995

5. FEI Number 521959332	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Alan M. Burger, Esq./Burger, Trailor & Farmer, PA

Street Address (P.O. Box Number is Not Acceptable):
1601 Forum Place, Suite 404

Suite, Apt. #, Etc.

City
West Palm Beach

State FL	Zip Code 33401
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Kazi, Zubair	3671 Sunswapt Drive	Studio City, CA 91604

500054223339
05/10/05--01078--018 **1500.00

STATEMENT 00-05

10. 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)(f), 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: _____ **818-980-1185**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E01 (01/05)