

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 13 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000012999

1. Corporation Name

BIZA, CORP.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #
1361 Overseas Hwy.

3. Mailing Office Address
P.O. Box 1407

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Marathon, FL

City & State
Hallandale, FL

Zip Country
33050 USA

Zip Country
33008 USA

4. Date Incorporated or Qualified To Do Business in Florida 02/12/1996

5. FEI Number
592224262

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Stuart M. Gold, Esq.
Street Address (P.O. Box Number is Not Acceptable)
6625 Miami Lakes Dr. Ste. 217
Suite, Apt. #, Etc.
City State Zip Code
Miami Lakes FL 33014

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____
REGISTERED AGENT MUST SIGN

Date 1/19/07

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
PVS	Ralph Mutchnik	720 S. Federal Hwy	Hallandale, FL 33009

900089299469
02/27/07--01010--016 **900.00

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 contained in Chapter 119, 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: Ralph Mutchnik - Ralph Mutchnik - 2/7/07 954-456-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X5