

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 APR 16 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000070004

**1. Corporation Name**

ALZIR FOOD, INC.

**2. Principal Office Address**

6610 Simms Street

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33024

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/22/96

**5. FEI Number**

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

Faraj A. Zir

800005449848--2

Street Address (P.O. Box Number is Not Acceptable)

6610 Simms Street

-05/03/02--01012--015

\*\*\*300.00 \*\*\*300.00

Suite, Apt. #, Etc.

City

Hollywood

State  
FL

Zip Code  
33024

**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

*Faraj A. Zir*

REGISTERED AGENT MUST SIGN

Date

**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	Faraj A. Zir	6610 Simms Street	Hollywood, FL 33024

**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)(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:**

*Faraj A. Zir*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

75 4/24/02

LAW OFFICES OF

*Charles J. Goldman, P.A.*

601 SOUTH FEDERAL HIGHWAY  
HOLLYWOOD, FLORIDA 33020

BROWARD: (954) 920-1986  
FAX: (954) 929-2440

April 10, 2002

State of Florida  
Department of State  
Corporate Division  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Alzir Food, Inc.

Dear Sir or Madame:

Enclosed is an original and fully executed Corporation  
Reinstatement form along with my check in the amount of \$900.00.

Very truly yours,

CHARLES J. GOLDMAN  
CJG: ak  
Enclosures