

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
AND
FILED

05 SEP -9 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000070004**

1. Corporation Name

ALZIR FOOD, INC.

- YEARS 2004, 2005

2. Principal Office Address

6610 SINMS STREET

3. Mailing Office Address

4545 NW. 7 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 12

City & State

HOLLYWOOD

City & State

MIAMI

Zip

FL 33024

Country

BROWARD

Zip

FL 33126

Country

MIAMI DADE

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

8/28/96

5. FEI Number

65-0693485

Applied For

Not Applicable

☒ 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

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

6610 SINMS STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

500059780075

09/20/05--01036--007 **\$50.00

600059780146

09/20/05--01036--008 **\$308.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **AUG 18 2005**

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 SINMS STREET	HOLLYWOOD FL, 33024

K. Eckel SEP - 9 2005

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/16/05 301-442/418

Date

Daytime Phone #

CR25081 (01/05)