

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000073109

1. Corporation Name

KAZIGRAPHY, INC.

97 DEC 11 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

910 DUVAL STREET
KEY WEST FL 33040

Mailing Address

310 DUVAL STREET
KEY WEST FL 33040



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1996

5. FEI Number

65-0702141

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

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
PRESIDENT	KAZI AHMED	3920 S. ROOSEVELT BLVD # E302	KEY WEST, FL 33040
SECRETARY	CINDY AHMED	3920 S. ROOSEVELT BLVD. # E302	

000002374130--S
-12/16/97-01116-017
***750.00 ***750.00

8. Name and Address of Current Registered Agent

KEY WEST LAW OFFICE PA
444 WHITEHEAD STREET
KEY WEST FL 33041

9. Name and Address of New Registered Agent

Name

KAZI AHMED

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

3920 S. ROOSEVELT BLVD # E302

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

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

Kazi Ahmed

REGISTERED AGENT MUST SIGN

Date 11/18/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

CINDY AHMED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-97 305-296-4290
Date Daytime Phone #

CR2040 (8/97)