

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 # P97000034935

1. Corporation Name

IZAK GROUP, INC.

Principal Place of Business

5756 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32810

Mailing Address

P.O. BOX 1748  
GOLDENROD FL 32733-1745

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

04/18/1997

5. FEI Number

59-3439738

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
PTD	BERTIZLIAN, ALHEME	5756 NORTH ORANGE BLOSSOM TRAIL	ORLANDO FL 32810
SVD	BERTIZLIAN, BASSEM	5756 NORTH ORANGE BLOSSOM TRAIL	ORLANDO FL 32810

8. Name and Address of Current Registered Agent

AMERILAWYER-CHARTERED  
342 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

BASSEM BERTIZLIAN

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

5756 NORTH O.B.T.

Suite, Apt. #, Etc.

GNC

City

ORLANDO

State

FL

Zip Code

32810

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

REGISTERED AGENT MUST SIGN

Date 11-16-1998

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-1998

Date

Daytime Phone #

(407) 839-0433  
X-157

98 NOV 23 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E040 (9/98)