

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 10 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000034935

1. Corporation Name

IZAK GROUP, INC.

2. Principal Office Address

5756 N.O.B.T.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 1746

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

GOLDENROD, FLORIDA

Zip

32810

Country

U.S.A.

Zip

32733

Country

U.S.A.

REINSTATEMENT

W-03

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. Name and Address of Current Registered Agent

Name

BASSEM BERTIZLIAN

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

5756 N.O.B.T.

Suite, Apt. #, Etc.

ORLANDO

City

ORLANDO

State

FL

Zip Code

32810

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 07-04-2003

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
<u>PTD</u>	<u>ALHEME BERTIZLIAN</u>	<u>5756 N.O.B.T.</u>	<u>ORLANDO/FLORIDA/32810</u>
<u>VM</u>	<u>BASSEM BERTIZLIAN</u>	<u>5756 N.O.B.T.</u>	<u>ORLANDO/FLORIDA/32810</u>

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-04-2003
Date

407-839-0433 x157
Daytime Phone #

21 9/10