

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000038496

1. Entity Name
AVZIG INC.



FILED

07 NOV -6 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12140 WEST SUNRISE HIGHWAY
PLANTATION, FL 33323

Mailing Address
9492 S DIXIE HWY
MIAMI, FL 33156

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2007

4. FEI Number
65-0846194

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAUSE, THOMAS E
9700 S DIXIE HWY, #550
MIAMI, FL 33156

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
ZIGHELBOIM, DAVE ☐ Delete
STREET ADDRESS
9492 S DIXIE HWY
CITY- ST- ZIP
MIAMI, FL 33156

TITLE
NAME
300112030203 ☐ Change ☐ Addition
STREET ADDRESS
11/06/07--01014--021 **150.00
CITY- ST- ZIP

TITLE
NAME
V
AVILA, ALFRED ☐ Delete
STREET ADDRESS
12140 WEST SUNRISE BLVD.
CITY- ST- ZIP
PLANTATION, FL 33323

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/07

681-382-0040