

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000039867

1. Corporation Name

KIZAZI, INC.

Principal Place of Business

Mailing Address

1802 N UNIVERSITY DR  
255  
FORT LAUDERDALE FL 33322

1802 N UNIVERSITY DR  
255  
FORT LAUDERDALE FL 33322

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/04/1998

5. FEI Number

65-0834513

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	4 City / State / Zip
DP	MCCALLA, MELINDA N	1802 N UNIVERSITY DR 255	FORT LAUDERDALE FL 33322

200004671242--6  
-11/07/01--01066--024  
\*\*\*\*758.75 \*\*\*\*758.75

*Handwritten signature*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERSH, BRIAN R  
19 WEST FLAGLER STREET SUITE 602  
BISCAYNE BUILDING  
MIAMI FL 33130-4477

Name

Melinda N. McCalla

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

1802 N. University Dr.

Suite, Apt. #, Etc.

#255

City

Plantation

State

FL

Zip Code

33322

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

*Handwritten signature of Melinda N. McCalla*

REGISTERED AGENT MUST SIGN

Date 10/18/01

11. 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:

*Handwritten signature of Melinda N. McCalla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01 (954) 472-1427