

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 30 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053517

1. Corporation Name

NAZAR'S & SON'S, INC

Principal Place of Business

Mailing Address

2942 CORAL SPRING DR
CORAL SPRING FL 330652942 CORAL SPRING DR
CORAL SPRING FL 33065

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

1759 E. COMERCIAL BLVD

Suite, Apt. #, etc.

1

City & State

FORT LAUDERDALE FL

Zip

Country

33334-577 USA

Suite, Apt. #, etc.

1759 E. COMERCIAL BLVD

City & State

FORT LAUDERDALE, FL

Zip

Country

33334-577 USA

4. Date Incorporated or Qualified
To Do Business in Florida

06-12-1998

5. FEI Number

65-0846847

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
P	VALLYANI NOOR	2942 CORAL SPRING DR	CORAL SPRING, FL, 33065

400003095284--6
-01/11/00--01099--017
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALLYANI NOOR
2942 CORAL SPRING DR
CORAL SPRING FL 33065

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes 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

VALLYANI NOOR

Date

Daytime Phone #

11-19-99- 425-0490

KE

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

2

Oce S. Ocean Blvd. #212
Boca Raton, Fl. 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, Fl. 33429
FAX: (561) 394-5134

National Society of Tax Professional

December 6, 1999

2

Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref: Nazar's & Son's, Inc.
Annual report - Reinstatement

Dear Sirs,

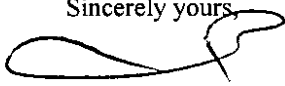
The above referenced corporation has never received any notices before at all. Furthermore, the previous accountant has been sick and never returning to work since March 1999 and not file or receive any report before. So, please accept this report as the corporation in its first year of business.

Correct Address: 2942 NW 2nd St. CORAL SPRINGS, DR
Deerfield Beach, FL 33441
CORAL SPRINGS FL 33065

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

Sincerely yours



Andre K Kattoura