

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine B. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 22 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000091930**

1. Corporation Name

MAZEL, MAZEL, INC.

Principal Place of Business

2900 WEST SAMPLE RD
POMPANO BEACH FL 33067

Mailing Address

2900 WEST SAMPLE RD
POMPANO BEACH FL 33067



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		4. Date Incorporated or Qualified To Do Business in Florida 10/28/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0913911	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	NOE, GIDEON	2900 WEST SAMPLE RD	POMPANO BEACH FL 33067
D	LOULAI, ABRAHAM	2900 WEST SAMPLE RD	POMPANO BEACH FL 33067

8. Name and Address of Current Registered Agent

HANDIN, GARY I
3111 UNIVERSITY DR, STE 404
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name
LOULAI ABRAHAM
Street Address (P.O. Box Number is Not Acceptable)
2900 WEST SAMPLE RD
Suite, Apt. #, Etc.
2900 WEST SAMPLE RD
City
POMPANO BEACH
State
FL
Zip Code
33067

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 *A. Z...*
REGISTERED AGENT MUST SIGN

Date

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)(l), 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

Date

Daytime Phone #

KE

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October 18, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, Florida 32303-1500

Dear Sir or Madam:

Enclosed please find my check for \$150.00 to renew my corporation. I never received the first notice and request that you please waive the penalty.

My corporation started in 1998 and no one told me that I have to renew and pay a fee every year. My office moved and the mail was never forwarded to me.

Please accept this check and renew my corporation for the year 1999.

Thank you in advance for your understanding.

Sincerely,

Abe Loulai, President

A. Z. Loulai