

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherin  Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 MAR 29 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000099963

1. Corporation Name NAZ, INC.

2. Principal Office Address

4220 W. COLONIAL DR

Suite, Apt. #, etc.

SUITE #2

City & State

ORLANDO FL

Zip

32808

Country

ORANGE

3. Mailing Office Address

4220 W. COLONIAL DR.

Suite, Apt. #, etc.

SUITE #2

City & State

ORLANDO FL

Zip

32808

Country

ORANGE

4. Date Incorporated or Qualified  
To Do Business in Florida

11/11/1998

5. FEI Number

593552013

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

Souren G Nazarian

400005482854--2

-05/08/02--01009--018

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

7436 HERRICKS LOOP

\*\*\*\*300.00 \*\*\*\*300.00

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

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]*

Date 3-6-02

REGISTERED AGENT MUST SIGN

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
PRES	SOUREN G NAZARIAN	4220 W. COLONIAL DR.	ORLANDO FL 32808

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]* SOUREN G NAZARIAN

Date

3-6-02

Daytime Phone #

407 4451120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NAZ. Inc. dba SECURITY WORLD INTERNATIONAL**

**4220 W. Colonial Drive Ste. #2**

**Orlando, FL 32808**

**407 445-1170**

**407 445-2585 fax**

March 6, 2002

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To whom it may concern,

In April of 2001, we moved our main office to the above address and at that time, we filed a change of address form with the post office. Unfortunately, not all of our mail was forwarded as it should have been. We did not receive the forms for our annual report and therefore, our corporation was dissolved. We are asking that our corporation be reinstated and are enclosing the proper completed forms for this action along with a check for \$300.00 so that this can be done.

Thank you for your assistance in this matter.

Yours truly,

  
Souren G. Nazarian