

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000030753

1. Entity Name  
ZAVEN KAZAN ENTERPRISES TWO, INC.



Principal Place of Business  
2000 PGA BLVD., SUITE 5503  
PALM BEACH, FL 33408

Mailing Address  
2000 PGA BLVD., SUITE 5503  
PALM BEACH, FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

Zip

33408

Country

Zip

33408

Country

02282005 REIN-P CR2E098 (6/04)

4. FEI Number  
65-0912272

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KAZAN, ZAVEN  
1024 SHADY LAKES CRL  
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

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

*Zaven Kazan*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/05

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
KAZAN, ZAVEN  
1024 SHADY LAKES CRL  
PALM BEACH GARDENS, FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRS  
KAZANDJIAN, ZAVEN  
1024 S SHADLY LAKES CIR  
PALM BEACH GARDENS, FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
KAZANDJIAN, MURIC  
1024 S SHADLY LAKES CIR  
PALM BEACH GARDENS, FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

*P. R. S.*

3/5/05

561-630 0506

FILED

05 MAR 21 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-05

