

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

102

APPLICATION

FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

2000BIR

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000062260

1. Corporation Name

BIZNET DATA SYSTEMS, INC.

Principal Place of Business

Mailing Address

13361 SW 90TH TERRAS, SUITE H
MIAMI FL 33186

13361 SW 90TH TERRAS, SUITE H
MIAMI FL 33186



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

9301 NW 14th Ct

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650956254

Applied For

Not Applicable

City & State

City & State

PEMBROKE Pines, Florida

Zip

Country

Zip

Country

33024

U.S.A

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
D	GOVARIA, SAMMED	9301 N.W. 14TH CT.	PEMBROKE PINES FL 33024
D	SARAB, YAZDAN	13361 SW 90TH TERRAS, SUITE H	MIAMI FL 33186

500003473205--2
-11/21/00--01097--023
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SARAB, YAZDAN
13361 SW 90TH TERRAS, SUITE H
MIAMI FL 33186

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date November 1st, 2000

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.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/2000

Date

(305) 499-6176

Daytime Phone #

CR20040 (8/00)

BizNET Data Systems

BizNET Data Systems, Inc Phone (954) 437-4542

9301 NW 14th Court
Pembroke Pines, FL 33024

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October 31, 2000

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314


Dear Sir / Madam:

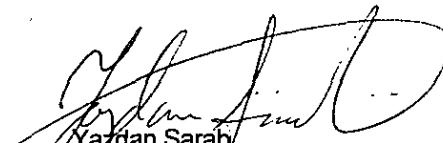
Recently we got a Notice of Administrative Dissolution or Revocation of our company named **BIZNET DATA SYSTEMS Inc.** because of failure to file 2000 corporation annual report/Uniform business report. Per our records we had mail 2000 corporation annual report along with a fee of \$150.00 (BizNET Data System's Company Check #1006) on Friday April 28th, 2000.

After the revocation notice when we research the accounts we found that the check #1006 was never cleared #2001 by our bank, which make us believe that it may have lost in the mail.

We will really appreciate if you accept new an enclose check of \$150.00 and reinstate our company for business.

Sincerely,


Sammed Govaria
Director


Yazdan Sarab
Director