

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 23 PH 4:18

DOCUMENT # P99000102218

1. Corporation Name

N.Z.I. Financial Group, Inc

800067028098
03/03/06--01037--009 ***300 00

REINSTATEMENT

CR2E081 (12/05)

05-06

2. Principal Office Address

6640 Emerald Lake Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Zip
33023

Country
USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/19/1999

5. FEI Number

65-0960494

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

Michael Nicol

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

6640 Emerald Lake Drive

Suite, Apt. #, Etc.

City

Miramar

State
FL

Zip Code

33023

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**

Date

2/18/06

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
P	Michael Nicol	6640 Emerald Lake Drive	Miramar, FL 33023

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 contained in Chapter 119, 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

2/18/06

Date

954-536-2499

Daytime Phone #

2/27 aw

2/2

2/17/06

Dept. of State

Division of Corporation

ATTN: Reinstatement.

RE. P99000102218

I am hereby enclosing a Corporation
reinstatement form and a check of \$300.00

I moved offices to a new address.

As a result, an annual report form
was not received. I am hereby filing
for reinstatement with the new address.

Sincerely,

Michael Neal