

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 519325

1. Corporation Name

D. Z. INVESTMENTS, INC.

Principal Place of Business

Mailing Address

c/o Barry Hersh (Same)
100 S.E. 2nd ST., Suite 2200
Miami, FL 33131

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 94-99

4. Date Incorporated or Qualified To Do Business in Florida 11/15/1990

5. FEI Number 65-0314895

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Hersh, Barry	100 S.E. 2nd ST., #2200	Miami, FL 33131
D	Zaidner, David	100 S.E. 2nd ST., #2200	Miami, FL 33131

900003052049--9
-11/22/99-01146-006
***1508.75 ***1508.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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

Barbara A. Burke

REGISTERED AGENT MUST SIGN

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Barry Hersh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Hersh, as Director

11/10/99

Date

305-381-8000

Daytime Phone #

CR2E08 (12/98)