

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 24 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S66051

1. Corporation Name

AZANKORP, INC.

REINSTATEMENT 5-06

2. Principal Office Address

3412 Valley Ranch Dr.

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33548

Country

USA

3. Mailing Office Address

c/o J. Gibbons, 201 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 600

City & State

Tampa, FL 33602

Zip

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/91

5. FEI Number

59-3074007

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

JOHN B. GIBBONS, ESQ.

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

SAXON GILMORE, 201 EAST KENNEDY BLVD.

Suite, Apt. #, Etc.

Suite 600

City

Tampa

State

FL

Zip Code

33602

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

John B. Gibbons

Date

10/13/06

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
D, P	Ricardo Azank	3412 Valley Ranch Dr.	Lutz, FL 33548
D, VP	Luz M. Azank	3412 Valley Ranch Dr.	Lutz, FL 33548

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10/24/06-01049-009 **1923.75

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

President

Date

10/13/06

Daytime Phone #

813-629-5732

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AZANKORP, INC.

**Ricardo Azank, President
3412 Valley Ranch Drive
Lutz, FL 33548**

October 13, 2006

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

Re: Reinstatement of Azankorp, Inc.
Document Number S66051
FEI 59-3074007
Date Filed 07/15/91
Date Dissolved 08/25/95
Administrative Dissolution for Annual Report

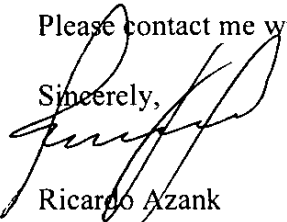
Dear Clerk:

I am the President of Azankorp, Inc. The corporation did not receive annual report notices in 1995. The corporation was administratively dissolved in 1995.

I am enclosing our application for reinstatement with our check in the amount of \$1650 for 11 years of the annual report fee and the corporation supplemental fee.

Please contact me with any questions.

Sincerely,



Ricardo Azank

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