

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL -9 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000030267

1. Corporation Name
R. J. Zambelli; INVESTMENTS, INC.

2. Principal Office Address 13906 Crooked Palm Ct Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Miami Lakes, FL		City & State	
Zip 33014	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 3/20/2000
5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <input type="checkbox"/> <small>Additional Fee required for a Certificate of Status</small>

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name: Robert J. Zambelli

Street Address (P.O. Box Number is Not Acceptable): 13906 Crooked Palm Ct.

Suite, Apt. #, Etc.

City: Miami Lakes State: FL Zip Code: 33014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent: *[Signature]* Date: 7-5-02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofits 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	Robert J. Zambelli	13906 Crooked Palm Ct	Miami Lakes, FL 33014
V, S	Michelle Zambelli	13906 Crooked Palm Ct	Miami Lakes, FL 33014
T	Kay Clarke	10225 Crooked Palm Lane	Miami Lakes, FL 33014

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 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: *[Signature]* Date: 7-5-02 (305) 558-8759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR00001 (04/01)

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850)205-0384

From: Account Name : HACKLEY & SERRONE, P.A.
Account Number : I20010000055
Phone : (954)349-4994
Fax Number : (954)389-4195

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R.J. ZABELLI INVESTMENTS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
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