

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



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

FILED

04 JUN 21 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000022737**

1. Corporation Name

ZAKS INVESTMENT Corporation

2. Principal Office Address

1756 N. Bayshore Drive

Suite, Apt. #, etc.

20-K

City & State

Miami FL

Zip

33132

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 02-04

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

3-5-2001

5. FEI Number

65-1084903

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

Ozzie Clausell

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

1756 N. Bayshore Drive

Suite, Apt. #, Etc.

20-K

City

Miami

300038466043

06/30/04 01044 004 **458.75

State

FL

Zip Code

33132

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

REGISTERED AGENT MUST SIGN

Date

6-18-04

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
Pres.	Ozzie Clausell	1756 N. Bayshore Dr. 20-K	Miami, FL 33165

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-04

Date

305-205-2337

Daytime Phone #

CR2E081 (9/00)

6/18/04 ZG

FL. Dept. of State
Annual Report Dept.
Ref # P01000022737

As per our conversation I'm sending
you \$458.75 for 2002-2004 annual reports,
since I never received my annual report
for my 2002 payment. I had notify your
office of my address change but it
seems that your office never changed it
and I never received my report. I thank
you in advance for your waive on the penalty.

Sincerely,



Ozzie Clausell
President