

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 SEP -9 AM 9:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000013369**

1. Corporation Name

ZENEMIL CONSULTING INC.

Principal Place of Business

Mailing Address

1001 E. 24 STREET
 HIALEAH FL 33013

1001 E. 24 STREET
 HIALEAH FL 33013

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

4. Date Incorporated or Qualified To Do Business in Florida

02/10/1998

5. FEI Number

65-0814383

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	4 City / State / Zip
PD	JIMENEZ, UBALDO E	1001 E. 24 STREET	HIALEAH FL 33013
VPD	JIMENEZ, LESTER U	1001 E. 24 STREET	HIALEAH FL 33013
STD	JIMENEZ, ESPERANZA C	1001 E. 24 STREET	HIALEAH FL 33013
			100007729121--8 09/13/02 01034 004 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

JIMENEZ, LESTER U
 1001 E. 24 STREET
 HIALEAH FL 33013

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

09/04/02

11. 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:

LESTER U. JIMENEZ

Date

09/04/02

Daytime Phone

305693

0017

CR2E040 (8/01)