

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000013069

1. Corporation Name

ZERO ENTERPRISES, INC

2. Principal Office Address

13876 SW 56 STREET

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 152

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33175

Country

U S A

Zip

Country

REINSTATEMENT 2000-2002

4 Date Incorporated or Qualified
To Do Business in Florida

02-10-999

5. FEI Number

65-0898216

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

ROBERTO ZENARO

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

13876 SW 56 STREET

Suite, Apt. #, Etc.

SUITE 152

City

MIAMI

State

FL

Zip Code

33175

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

8/27/2002

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
Pre	ROBERTO ZENARO	13876 sw 56 STREET	SUITE 152, Miami, FL 33175
VP	YOLANDA GENTIL	13876 SW 56 STREET	STE 152 Miami FL 33175

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

Roberto Zenaro

Date

8/27/2002

Daytime Phone #

305 752 1884

CR2E081 (9/01)