

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 FEB 28 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000097128

1. Corporation Name

ZANCALEX'S WAY, INC.

2. Principal Office Address

8558 N.W. 70 Street

Suite, Apt. #, etc.

3. Mailing Office Address

8558 N.W. 70 Street

Suite, Apt. #, etc.

City & State

Miami-Florida

City & State

Miami- Florida

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0959614

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

*01-02 WBR JPM*

7. Name and Address of Current Registered Agent

Name

Carlos Zanchetti

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

4871 N.W. 107 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

300005257213-5  
-04/12/02--01048-016  
\*\*\*300.00 \*\*\*300.00

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

*[Signature]*

Date 02/26/02

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
PD	Carlos Zanchetti	4871 N.W. 107 Court	Miami-Florida 33178
VPD	Analia Zanchetti	4871 N.W. 107 Court	Miami-Florida 33178

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

02/26/02

Date

305-5999305

Daytime Phone #

CR2E081 (9/01)

ZANCALEX'S WAY, INC.  
8558 NW 70 STREET  
MIAMI, FLORIDA 33166

February 16, 2002

Florida Department of State  
Division of corporations

Ref: P9900097128

We have come to realize that our corporation was dissolved for non-payment of the 2001 Corporate Annual Report. When we moved our office we made the change in the Postal Office as required and apparently the Annual Report was never forwarded to the new address. We ask that you take into consideration the facts mentioned above to reinstate our corporation to active status for 2001 and 2002. The payment in the amount of \$300.00 is enclosed.

We thank you for your understanding and cooperation in this matter.

Sincerely



Carlos Zanchetti