

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -8 PM 5:22

DOCUMENT #

K48134

1. Corporation Name

I ZALVA Corporation

2. Principal Office Address

4815 W Laurel St

Suite, Apt. #, etc.

City & State

Tampa FL

Zip  
33607

Country

Holbro

3. Mailing Office Address

4815 W Laurel St

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33607

Country

Holbro

REINSTATEMENT 99-01

4. Date Incorporated or Qualified  
To Do Business in Florida

11/1/88

5. FEI Number

59-2919101

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

BARBARA ALVAREZ

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

4815 W. Laurel St

Suite, Apt. #, Etc.

City

Tampa FL 33607

State

FL

Zip Code

900004316219-8

-05/24/01 -01037-043

\*\*\*1050.00 \*\*\*1050.00

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

Barbara Alvarez

REGISTERED AGENT MUST SIGN

Date

4/27/01

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
DP	BARBARA ALVAREZ	4815 Laurel ST	Tampa FL 33607

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:

Barbara Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/01

Daytime Phone #

813-287-2525

CR2E081 (9/00)