PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



-FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State State

DOCUMENT # P02000021831

1. Corporation Name

ZAMORA ENTERPRISES OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

1105-AJUGA-CT--

1105 AJUGA-GT-

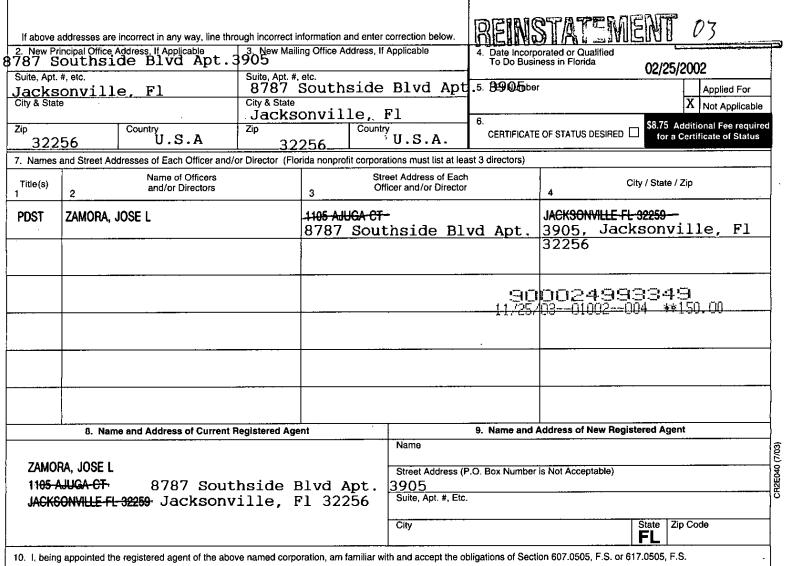
JACKSONVILLE FL 32259

JACKSONVILLE FL 32259

FILED

03 NOV 2L AM 10: 39

SECRETERY OF STATE TALLAHASSEE FLORIDA



SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

STERED AGENT MUST SIGN

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

11 19 65

Daytime Phone #



"Mobile Paint & Body Restoration Solutions"

11/18/2003 3:30 PM

Zamora Enterprise of North Florida, Inc. 8787 Southside Blvd Apt 3905 Jacksonville, Fl. 32256

Re: P02000021831

Florida Department of State Division of Corporations Annual Report / Reinstatement Section

Subj: Request waiver of reinstatement fee

Dear Sir or Madame:

I, Jose L. Zamora, certify that Zamora Enterprise of North Florida did not receive the annual report. Please waive the reinstatement fee for 2003. The file fee of \$150, for Profit Corporation, is enclosed.

Sincerely,

Jose L. Zamora President

Zamora Enterprises of North Florida