


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 29 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # **F00000001607**
1. Corporation Name **ZONAMOVIL.COM, INC.**

2. Principal Office Address
200 SE FIRST ST.
Suite, Apt. #, etc. **504 (SUITE)**
City & State **MIAMI, FL**
Zip **33131** Country **USA**

3. Mailing Office Address
200 SE FIRST ST.
Suite, Apt. #, etc. **SUITE 504**
City & State **MIAMI, FL**
Zip **33131** Country **USA**

3100008878583
11/07/02--01071--028 **300.00

4. Date Incorporated or Qualified To Do Business in Florida


5. FEI Number **650 99 2571** 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 **CorpDirect Agents, Inc**
Street Address (P.O. Box Number is Not Acceptable) **103 N. Meridian St.**
Suite, Apt. #, Etc.
City **Tallahassee** State **FL** Zip Code **32301**

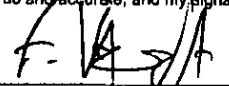
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **10/21/02**
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
PT	FELIE VALDES	523 PAUL HARRIS ST.	SANTIAGO, CALIF
S	DAVID LAWRENCE	1000 WEST AVE #520	MIAMI, FL 33131

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:  FELIE VALDES Date **10/1/02** Daytime Phone # **305-916-0001**

CR2E081 (9/01)

10/29/02