	PLEASE READ	ALL INST	FRUC'	TIO	NS BEFO	BE C	:OMPI FT	ING THIS	FORM			
'	PLICATION FOR STATEMENT	FLORID	A DEPA Sandra Secre	ART B. tary	MENT OF S Mortham of State			FILED				
DOCUMENT # F95000004673							97 OCT - 7 PM 3: 11					
1. Corporation Name							SECH WAY OF STATE					
ZAPATA INDUSTRIES, INC.							TAT	ÜLAPIASSEE,	FLORIDA	1		
Principal Place of Business Mailing Addre							7000023154779 -10/08/9701116004 ****923.75 ****923.75					
REINSTATEMENT 96-97 50 10-7-97 If above addresses are incorrect in any way, line through incorrect information and enter correction below.										<b>たがかさとう。(</b> )		
New Principal Office Address, If Applicable 3. New Maili			ing Office Address, If Applicable Bayshore Dr.				Date Incorporated or Qualified     To Do Business in Florida     9-26-95					
Suite, Apt. #, etc.  Penthouse-B  Suite, Apt. #, Penthouse-B			, etc.				5. FEI Number Applied For					
			t Grove, FL			23-1650627 Not Applicable				Not Applicable		
<sup>Zip</sup> 331		<sup>Zip</sup> 331			ountry	<u> </u>		E OF STATUS DESI			litional Fee required rtificale of Status	
7. Names a	and Street Addresses of Each Officer and/o Name of Officers and/or Directors	ride nonprofit corporations must list at lear Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N				City / State / Zip						
D/C	Claudio Z. Gomez			s.	Bayshore	Dr.,	РН-В	Coconut	Grove,	FL	33133	
D/S	Claudio Z. Bakas			s.	Bayshore	Dr.,	, РН <b>-</b> В	Coconut	Grove,	FL	33133	
D	Hernan Z. Akincilar			s.	Bayshore	Dr.,	PH-B	Coconut	Grove,	FL	33133	
D/T	Ricardo L. Cuenca			s.	Bayshore	Dr.,	. РН-В	Coconut	Grove,	FL	33133	
COO	Raymond Torres			s.	Bayshore	Dr.,	РН-В	Coconut	Grove,	FL	33133	
BD	Jorge Lorenzana			s.	Bayshore	Dr.,	РН-В	Coconut	Grove,	FL	33133	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name												
CT Corporation System Street Address (P.							alomon Hazday, Jr. O. Box Number is Not Acceptable) 599 S. Bayshore Dr.					
Plantation, FL 33324 Suite,						#, Etc.	tc. Penthouse-B					
City Coconut Grove State Zip Code 33133  10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.												
Signature of Registered Agent								Date				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No xx (See other side for information on intangible tax.)												
12. 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 filling 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: 10-6-97 305-856-8804  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  Raymond Torges, COO  Raymond Torges, COO												