**APPROVED** 

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS TORM.			
APPLICATION FOR PORCE REINSTATEMENT	FLORIDA DEPARTMEN Sandra B. Mor Secretary of S DIVISION OF CORPOR	tham state\	FILED  1997 JUN 26 AM 8: 41  _SECRETARY OF STATE
DOCUMENT # 653048  1. Corporation Name 2 ig Zag Imports Inc.  DISA. Succes Madness			TALLAHASSEE, FLORIDA
Principal Place of Business 5369 Hickor Rd. Survive, FL 3335	/		
If above addresses are incorrect in any way, line thro  2. New Principal Office Address, If Applicable  520/N.W. 108 AW.  Sulte, Apt. #, etc.  City & State  Sunciae FL 3335/  Zip Country	ugh incorrect information and enter of 3. New Malling Address, If Applica 52.0 / N.O. 108" Suite, Apt. #, etc.  City & State  SUN OF Country  Zip Country	4. Date in To Do 6.	
7. Names and Street Addresses of Each Officer and/o	r Director (Florida nonprofit corpora	tions must list at least 3 directors	
Title(s)  Name of Officers and/or Directors	Offi	eet Address of Each cer and/or Director e Post Office Box Numbers)	City / State / Zip
Pres Sam Zighelbenm.	55.5 NI	55.5 NE 1515 St Apt TH3 Miami, FL 33132  400002227314-4 -07/01/97-01014-007 *****906.27 *****908.27	
R		REINS	TATEMENT OF THE PARTY OF THE PA
			4000022273144 -07/01/9701014008 ****173.75 ****173.75
8. Name and Address of Current Registered Agent Name			nd Address of New Registered Agent
Sam Zighe boins  555 NE 15th st Apt TH3  Rigmi, FL 33137		Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State FI  Zip Code	
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 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)			
12. I do hereby cartify that the information supplied with this fitting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			

1.110/97.

954-748-8183