PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

FILED
Jun 04, 2002 8:0
Secretary of State

DOCUMENT # K66614

1. Corporation Name
EL ZENZONTLE CORPORATION
D/B/A Agencios Marenco

2. Principal Office Address	3. Mailing Office Address
1550 S.W. 1th ST. #13	
Suite, Apt. #, etc. Suite 13	Suite, Apt. #, etc
City & State Miami, Florida	City & State
Zip 33135 Country U.S.A	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 02-15-89

5. FEI Number 65-0163754 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Ricardo J. Marenco

Street Address (P.O. Box Number is Not Acceptable): 1550 S.W. 1th st. suite 13

Suite, Apt. #, Etc.: 13

City: Miami State: FL Zip Code: 33135

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****300.00 ****300.00

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: [signature] REGISTERED AGENT MUST SIGN Date 5/31/02.

CR2E061 (8/01)

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
President	Ricardo Marenco	9601 Fontainbleu Bld. #103,	Miami, Fl. 33172
		REINSTATEMENT 01-02	

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: [signature] 5/31/02 (305)541-7331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #