

12/09/2001 23:33 1-305-5779718

M KALKAS, BK EXPRESS

PAGE 02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

H01C DEC 10 19 PM 4:00

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K94043

1. Corporation Name

ZAVAS TRADE, INC.

2. Principal Office Address

1800 SW 27 AVE

Suite, Apt. #, etc.

# 207

City &amp; State

MIAMI

Zip

33145

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0124706

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

VANDERLEI CARVALHO RODRIGUES

Street Address (P.O. Box Number is Not Acceptable)

1800 SW 27 AVE

Suite, Apt. #, Etc.

# 207

City

MIAMI

State

FL

Zip Code

33145

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

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
PD	VANDERLEI CARVALHO RODRIGUES	1800 SW 27 AVE #207	MIAMI, FL 33145

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H01000120105

12/7/01

Date

Daytime Phone #

Division of Corporations

Page 1 of 2

## Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

### Electronic Filing Cover Sheet

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(((H01000120105 1)))

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**To:**

Division of Corporations  
Fax Number : (850)205-0384

**From:**

Account Name : KALKAS BUSINESS SERVICES  
Account Number : I19980000015  
Phone : (305)577-9716  
Fax Number : (305)577-9718

## CORPORATION REINSTATEMENT

ZAVAS TRADE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00