PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 17 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15117

1. Corporation Name

J. ZUIKO CORPORATION

Principal Place of Business

2871 S.W. 38th Ave.
Miami, Florida 33134

Mailing Address

REINSTATEMENT 92-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/07/89

5. FEI Number: 65-0146900 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	JORGE ZUIKO	2871 SW 38 Ave.	Miami, FL 33134
D/VP	ROSA ASATO	2871 SW 38 Ave.	Miami, FL 33134
S	BEATRIZ ZUIKO	2871 SW 38 Ave.	Miami, FL 33134
VP	JAVIER ZUIKO	2871 SW 38 Ave.	Miami, FL 33134

400002495[illegible] 04/17/98
-04/21/98-01054-010
***1658.75 ***1658.75

8. Name and Address of Current Registered Agent

OSCAR LEVIN
701 Brickell Ave., #1600
Miami, FL 33131

9. Name and Address of New Registered Agent

Name: JORGE ZUIKO

Street Address (P.O. Box Number is Not Acceptable): 2871 S.W. 38th Ave.

Suite, Apt. #, Etc.

City: Miami | State: FL | Zip Code: 33134

CR2E040 (12/96)

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: [signature] — REGISTERED AGENT MUST SIGN

Date: 4-3-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(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 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] Jorge Zuiko, Pres. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-98 — Date

(305) 992-7644 — Daytime Phone #