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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L50633			
1. Corporation Name C.Z. Inc.			
2. Principal Office Address 1408 Brickell Bay Dr Suite, Apt. #, etc. 403 City & State Miami FL Zip 33131		3. Mailing Office Address 1408 Brickell Bay Dr Suite, Apt. #, etc. 403 City & State Miami FL Zip 33131	

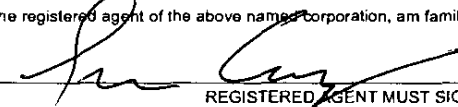
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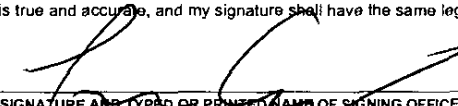
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-24	
4. Date Incorporated or Qualified To Do Business in Florida 2/16/90	
5. FEI Number 65-0182618	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Luis Aguiar	700030255447
Street Address (P.O. Box Number is Not Acceptable) 1408 Brickell Bay Dr.	03/11/04--01011--002 **158.75
Suite, Apt. #, Etc. 403	700030255447
City Miami	03/11/04--01011--003 **158.00
State FL	Zip Code 33131

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
PSD	Luis Aguiar	1408 Brickell Bay Dr. 403	Miami FL 33131

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	Date _____	Daytime Phone # _____

CR2E081 (10/02)

tx

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CZ, INC.
1408 BRICKELL BAY DR STE 403
MIAMI, FLORIDA 33131

March 9, 2004

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Fl. 32399

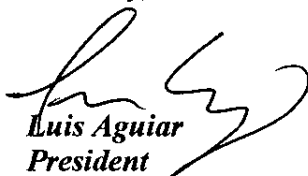
Attn: Reinstatement Section

Re: Document # L50633

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our application for reinstatement along with the necessary filing fees for a profit corporation for the years 2003 & 2004. As we stated in the phone conversation, we moved our offices and thus never received our UBR reports. We ask that you please pardon the late fee since this problem was due to circumstances beyond our control. If there is any problem processing this report please contact us immediately.

Sincerely,


Luis Aguiar
President