FILED
03 NOV 20 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03

DOCUMENT # N02000005377

1. Corporation Name
A. ZEFERETTI COUNSELING, INC.

2. Principal Office Address		3. Mailing Office Address	
102 EAST 49TH ST		SAME	
Suite, Apt #, etc		Suite, Apt. #, etc.	
City & State: HIALEAH FLORIDA		City & State	
Zip: 33013	Country: USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/16/2002
5. FEI Number: 82-0558184 ☐ 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: JAN ZEFERETTI
Street Address (P.O. Box Number is Not Acceptable): 102 EAST 49TH STREET
Suite, Apt. #, Etc.:
City: HIALEAH State: FL Zip Code: 33013

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: 11/14/2003

9. Names and Street Addresses of Each Officer and/or Director (For-de 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
D	JAN ZEFERETTI	102 EAST 49TH ST	HIALEAH FL 33013
D/The Hon.	LEO C ZEFERETTI	102 EAST 49TH ST	HIALEAH FL 33013

10. I certify that I am an officer or director of the corporation 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] 11/14/2003 305 820 0585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
[signature] 11/14/2003 [illegible]

JA & S ACCOUNTANTS, INC
2323 W 52 ST
HIALEAH, FL 33016
305 826 0030
305 826 0223FAX
E MAIL AT JA4TAXES@AOL.COM

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Justin	Jose A Garcia
COMPANY:	DATE:
Division of Corporation	11/13/2003
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
850 245 6017	
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

☐ URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Sir

We are sending a documentation of two corporations inactive at this moment but we request a waiver only for a first time due that we never received the ABR, as you see both check has been collected however the corporation are still inactive please help us in this case, if you need more info call us.

Cordially,

Jose A. Garcia
Accountant