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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 JUN -9 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
~~REINSTATEMENT~~

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
ZALIO INC
P000000 44909

2. Principal Office Address
724 NE 82ND ST
Suite, Apt. #, etc.

3. Mailing Office Address
SAME.
724 NE 82ND ST
City & State
MIAMI FL 33138
Zip
33138 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 5/5/00

5. FEI Number 942101274

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
CHARLES SALLIQU

Street Address (P.O. Box Number is Not Acceptable)
724 NE 82ND ST

Suite, Apt. #, Etc.
MIAMI / SHORECREST

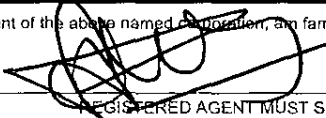
City
MIAMI

State
FL

Zip Code
33138

200020546232
06/05/03 01084 002 *** 00.00

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.

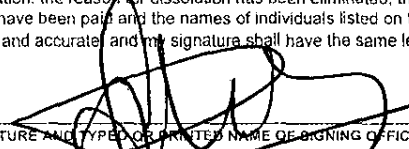
Signature of Registered Agent  Date June 3rd 03

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
P	Charles SALLIQU	724 NE 82 ND ST	MIAMI FL 33138

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:  Date June 4th 03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)



CHEF CHARLES

and CO.

Taste the difference.

PAGE 2072
ZALIO INC
724 NE 82ND ST
Miami 33138
H0024977

Secretary of State
Division of Corporations
State of Florida
Box 6327
TALLAHASSEE FL 32314.

June 2ND 2003

This letter is to certify that we
at ZALIO inc have not to this day
received the notice of renewal for ²⁰⁰²
our corporation "ZALIO inc" for year 2003.
I therefore request to be waived
the reinstatement fee. I do hope
that you will approve my request.

Sincerely Yours.

CHARLES SALLIOU
PRESIDENT