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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -9 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
ZALIO INC
P00000044909

2. Principal Office Address	3. Mailing Office Address
724 NE 82ND ST	SAME.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	724 NE 82ND ST
City & State	City & State
MIAMI FL	MIAMI FL 33138
Zip / Country	Zip / Country
33138 USA.	

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

5. FEI Number 91-2101274 ☐ 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: CHARLES SALLIOU

200020546232
06/05/03 01084 002 **100.00

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

Suite, Apt. #, Etc.: MIAMI / SHORES REST

City: MIAMI | State: FL | Zip Code: 33138

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

CR2E081 (10/02)

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 SALLIOU	724 NE 82ND ST	MIAMI FL 33138

TS

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: _____ June 4th 03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHEF CHARLES and CO.
Taste the difference.

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ZALLO INC
724 NE 82ND ST
MIAMI 33138
H00249777

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 ZALLO INC have NOT To this day received the notice of renewal for 2002 our corporation "ZALLO 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

724 N.E. 82 Street, Miami, Fl 33138 Office 305.756.9051 Chefcharless@aol.com