## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

FILED

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DOCUMENT # P00000054033  1. Corporation Name							ŢĂĹĹÄHASSEE, FLORIDA				
ZOD	IAK INT	TERNATIONAL, IN	VC.					3			ė1
2. Principal Office Address 753 SIESTA KEY CIRCLE Suite, Apt. #, etc. 1621			3. Mailing Office Address P. O. BOX 600894  Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida					07
	FIELD, FL		-City & State NMB, FL			<b>5.</b> FE	El Number 5-101530	<u></u>	Jilida .	<u> </u>	plied For
33441		USA	33160	Country USA		6.	<del></del>		US DESIRED S8.75	75 Additional for a Certificate	t Applicable Fee require e of Status
	Name	GIORDANO M. RHOD		and Address of Current R	Register	ed Agen	ıt				
	Street Address Suite, Apt. #		30	353- 10450 ****86	-4 03 0.00						
Signature of Registered A	f Agen	DANNE REG	GISTERED AGENT MI	oration, am familiar with and accept the obligations of sec				Olate09-12-2002			
	and Street Add	ddresses of Each Officer and/o	r Director (Florida nor			st 3 direc	ctors)				
Titles		Officers and/or Directors		Street Address of Each Officer and/or Director					City / State /	/ Zip	<u>-</u>
PT (	GIORDAN	NO M. RHODIO	753	753 SIESTA KEY CIRCLE ST			621	DEERFIELD, FL 33441			
/PE	EMMY.HE	ERBRUGER	-753 SIESTA KEY-CIRCLE,			STE: 1	1621 [	DEER	FIELD, FL 3344	41	
SEC I	INGRID B.	. LiMA	753	SIESTA KEY CIRC	CLE S'	TE. 16	321 C	DEERF	FIELD, FL 3344	41	
					A	74	15				

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 filling 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 shell have the same legal effect as if made under oath.

SIGNATURE:

GIORDANO M. RHODIO GNING OFFICER OR DIRECTOR

09-12-2002 954-803-8388

Daytime Phone #