

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P00000081542**

1. Corporation Name

AREA 51 ZONE, INC.

2. Principal Office Address

1400 Miami Gardens Drive

3. Mailing Office Address

1400 Miami Gardens Drive

Suite, Apt. #, etc.

216

Suite, Apt. #, etc.

216

City & State

Miami, FL

City & State

Miami, FL

Zip

33179

Country

USA

Zip

33179

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/29/2000

5. FEI Number

65-1034779

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

Law Offices of Frank Freeman

Street Address (P.O. Box Number is Not Acceptable)

666 NE 125 Street

Suite, Apt. #, Etc.

238

City

Miami

State  
FL

Zip Code  
33015

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

REGISTERED AGENT MUST SIGN

Date 09/24/03

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
VP	Robin Singer	1400 Miami Gardens Drive, Ste. 216	N. Miami Bch., FL 33179

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:

Robin Singer

09/24/03

(305) 940-1104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 SEP 25 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400023357154  
09/26/03-01010-009-\*\*-1050.00  
REINSTATEMENT 01-03

CR25081 (10/02)

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