

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 21 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000082044

1 Corporation Name

ZALKAT GOLD, INC.

Principal Place of Business

Mailing Address

401 BISCAYNE BLVD. # S-209

MIAMI, FL. 33132

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1037764

Applied For

Not Applicable

City & State

SAME

City & State

SAME

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SAMER ZALKAT	401 BISCAYNE BLVD. #S209	MIAMI, FL. 33132

1000008485831--8  
-10/21/02--01087--003  
\*\*\*158.75 \*\*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAMER ZALKAT

401 BISCAYNE BLVD. #S-209

MIAMI, FL. 33132

Name

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

Suite, Apt. #, Etc.

SAME

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/14/02

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/02

Date

305-474-0086

Daytime Phone #

ZALKAT GOLD, INC.  
401 BISCAYNE BLVD. #S-209  
MIAMI, FL. 33132

October 14, 2002

Division of Corporations  
Florida Dept. of State  
P.O. BOX 6327  
Tallahassee Fl, 32314

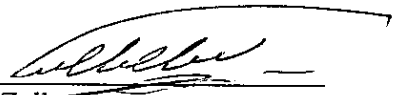
Sir/Madam:

I would like to draw your kind attention to the fact that I never received the Uniform Business Report for this year because my address changed and now my corporation is Inactive. Therefore, I'm enclosing the Application for Reinstatement of the Corporation along with a check for the amount of \$158.75 in payment for:

Reinstatement of Corporation	\$150.00
Certified Copy	\$ 8.75

Please make the necessary changes to your records and if you have any questions or concern do not hesitate to contact me at the number above.

Respectfully,

  
Samer Zalkat  
President