

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 JAN 23 AM 10:11

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 900000096660

1. Corporation Name

ZEGA, CORP.

2. Principal Office Address

2599 NE 163 ST

Suite, Apt. #, etc.

City & State

North Miami Beach FL

Zip

33160

Country

USA

3. Mailing Office Address

2599 NE 163 ST

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

Zip

33160

Country

USA

02-20-01 90021 028 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

10-13-00

5. FEI Number

65-0993148

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

Enrique Zambrano

400004851334-1

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

2599 NE 163 ST

-01/31/02--01076--020

****158.75 ****158.75

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33160

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 1-22-02

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
PD	Enrique Zambrano	17062 NW 165T	Pembroke Pines/33028/FL
SD	Ricardo Zambrano	16965 SW 38ST	Miami/FL/33027
TD	Luis Zambrano	17062 NW 16ST	Pembroke Pines/FL/33028

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enrique Zambrano

1-22-02

Date

305-947-8952

Daytime Phone #

Miami, December, 18/01

Florida Department of State
Division of Corporations
Tallahassee, FL

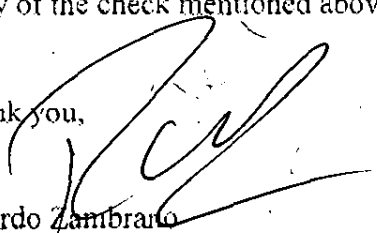
To whom it may concern.

Michelle Milligan

Ref: Zega Corporation.

On the date of Feb. 13 /01 our company sent a check for the sum of \$150.00 to the Florida Department of State, to renew Zega Corp (P0000009666). Later, we received a notification that our Corporation was to be closed due to failed payment. Attached is a Copy of the check mentioned above for your review. We wish your speedy response.

Thank you,


Ricardo Zambrano

Phone 305 9478852
Fax 305 9478853