JAN-22-2002 03:34PM FROM- T-895 P.001/004 F-546

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 23 AM 10:11

DOCUMENT # P00000096660

1. Corporation Name

ZEGA, CORP

2. Principal Office Address	3. Mailing Office Address
2599 NE 163 ST	2599 NE 163 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. Middle Fl
City & State: North Miami Beach FL	City & State: N. Miami Beach, FL
Zip: 33160 Country: USA	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
-01/31/02--01076--020
****158.75 ****158.75

Street Address (P.O. Box Number is Not Acceptable): 2599 NE 163 St

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: [signature] Date: 1-22-02

REGISTERED AGENT MUST SIGN

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 16ST	Pembroke Pines/33028/FL
SD	Ricardo Zambrano	16965 SW 38ST	Miramar/FL/33027
TD	Luis Zambrano	17062 NW 16ST	Pembroke Pines/FL/33028

1/28

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] Enrique Zambrano 1-22-02 305-9478852

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