

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 FEB 12 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P000066105179

1. Corporation Name

EZ DEVELOPMENT, INC.

2. Principal Office Address

2630 NW 119 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33167

Country

USA

3. Mailing Office Address

2630 NW 119 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33167

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/2000

5. FEI Number

65-1056733

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

ZAMORA, ENRIQUE

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

2630 NW 119 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33167

300005022273-3
-02/26/02-01088-007
****900.00 **** 00.00

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

2/11/02

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
P	ZAMORA, ENRIQUE	2630 NW 119 ST	MIAMI, FL 33167
VP	ZAMORA, ELSA	2121 NW 112 AVE	PLANTATION, FL 33323

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 ZAMORA

2/11/02

(305) 796-3544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #