

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -6 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000104000180
06/06/07--01043--003 **908.75

DOCUMENT # P01000034733

1. Corporation Name

ZEMOG CONSTRUCTION SERVICE CORP

2. Principal Office Address - No P.O. Box #
18331 NW 44 PLACE

Suite, Apt. #, etc.

City & State
MIAMI GARDENS

Zip
33055

Country
USA

3. Mailing Office Address
18331 NW 44 PLACE

Suite, Apt. #, etc.

City & State
MIAMI GARDENS

Zip
33055

Country
USA

REINSTATEMENT 02-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1092753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
HINDIRA GOMEZ

Street Address (P.O. Box Number is Not Acceptable)
18331 NW 44 PLACE

Suite, Apt. #, Etc.

City
MIAMI GARDENS

State
FL

Zip Code
33055

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]

Date **JUNE 1ST 2007**

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	JUAN R. GOMEZ	18331 NW 44 PLACE	MIAMI GARDENS, FL 33055
VPD	HINDIRA GOMEZ	18331 NW 44 PLACE	MIAMI GARDENS, FL 33055

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 contained in Chapter 119, 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 1ST 2007

Date

Daytime Phone #

jc 6/11