

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000056151

Entity Name: ZURK, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

16850 -112 COLLINS AVE # 160
SUNNY ISLES, FL 33160

New Principal Place of Business:

427 GOLDEN ISLES DR 4D
HALLANDALE, FL 33009

Current Mailing Address:

16850 - 112 COLLINS AVE # 160
SUNNY ISLES, FL 33160

New Mailing Address:

427 GOLDEN ISLES DR 4D
HALLANDALE, FL 33009

FEI Number: 65-1124766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, DIANA P
19850-112 COLLINS AVE #160
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

GARZON, DIANA P
427 GOLDEN ISLES DR 4D
HALLANDALE, FL 33009 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DIANA P GARZON

04/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: CRUZ, DIANA PATRICIA
Address: 16850-112 COLLINS AVE #160
City-St-Zip: SUNNY ISLES, FL 331260

Title: VP (X) Delete
Name: TORRES, GUSTAVO
Address: 16850-112 COLLINS AVE #160
City-St-Zip: SNNY ISLES,, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GARZON, DIANA P
Address: 427 GOLDEN ISLES DR 4D
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA P GARZON

PSTD

04/15/2009

Electronic Signature of Signing Officer or Director

Date