

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 MAR 10 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

800013727808
03/10/03--01054--023 **900.00

4. Date Incorporated or Qualified To Do Business in Florida		07/25/01
5. FEI Number	65-1122946	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

CORPORATION REINSTATEMENT			
			
FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT #			
1. Corporation Name ZEN SOLUTIONS, INC.			
2. Principal Office Address 301 CLEMATIS STREET Suite, Apt. #, etc. SUITE 3000 City & State WEST PALM BEACH, FL Zip 33401 Country USA			
3. Mailing Office Address 301 CLEMATIS STREET Suite, Apt. #, etc. SUITE 3000 City & State WEST PALM BEACH, FL Zip 33401 Country USA			

7. Name and Address of Current Registered Agent			
Name PETER D. CORSON			
Street Address (P.O. Box Number is Not Acceptable) 301 CLEMATIS STREET			
Suite, Apt. #, Etc. SUITE 3000			
City WEST PALM BEACH		State FL	Zip Code 33401

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 7 March 2003

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	BHAVESH PATEL	301 CLEMATIS STREET, #3000	WEST PALM BEACH, FL 33401
VD	PETER D. CORSON	301 CLEMATIS STREET, #3000	WEST PALM BEACH, FL 33401
VSD	MUKESH MAJITHIA	301 CLEMATIS STREET, #3000	WEST PALM BEACH, FL 33401

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:

PETER D. CORSON, V.P.

(561) 333-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)