

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

04 JUN 29 PM 12:09

DOCUMENT # P01000086842

1. Corporation Name

ZULPAN, INC.

2. Principal Office Address

590 N.W 27th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

same as above

Suite, Apt. #, etc.

City & State

Miami, Florida.

City & State

Zip

33125

Country

USA

Zip

Country

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

Sep 4, 2001.

5. FEI Number

X

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

Carlos D. CAMPOS

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

11313 NW 14 Court

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33026

100039016251
07/12/04--01045--012 **450.00

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

Carlos D. Campos

Date 6/17/04.

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
Pre	Jose J. SALCEDO	590 NW 27th Ave	Miami, FL 33125.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/04 (305)244-6104.

Date

Daytime Phone #

CR2E081 (9/00)

ZULPAN, INC.

590 N.W 27th Avenue
Miami, Florida 33125.

(305)244-6104

June 17th, 2004.

Division of Corporations
Tallahassee, Florida.

Dear Division of Corporations:

On a previous occasions we informed the Division of Corporations of our new mailing address, and the importance of the mailing address to be changed immediately. As explained before hand, we are unable to receive mail ineffectively due to our address and leasing layout. we have now been informed that our corporation is inactive due to failure to file the UBR on time, we did not receive the document and as the division of corporations web access page, the mailing address has not been changed.

Due to this reason, we request that the penalty be abated and that the mailing address be updated, since on April 25th, 2004 we spoke to JUSTICE from your office and ask to be sent \$450.00 for the re-instatement.

Thank you in advance for your cooperation.

Sincerely Yours,



Jose J. SALCEDO.
PRESIDENT.