

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 11 AM 8:49

DOCUMENT # P01000103128

1. Corporation Name

ZECA VENTURES, INC.

1492 S. MIAMI AVE.

1492 S. MIAMI AVE.

2. Principal Office Address

1492 S. MIAMI AVE.

Suite, Apt. #, etc.

SUITE 203

City & State

MIAMI, FL.

Zip

33130

Country

U.S.

3. Mailing Office Address

1492 S. MIAMI AVE.

Suite, Apt. #, etc.

SUITE 203

City & State

MIAMI, FL.

Zip

33130

Country

U.S.

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/24/2001

5. FEI Number

01-0651611

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

INAKI SAIZARBITORIA, ESQ.

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

1492 S. MIAMI AVE.

Suite, Apt. #, Etc.

SUITE 203

City

MIAMI

State

FL

Zip Code

33130

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

Inaki Saizarbitoria
REGISTERED AGENT MUST SIGN

Date

6/10/04

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
DP	ALFREDO ZELLER	1492 S. MIAMI AVE. SUITE 203	MIAMI, FL. 33130
DST	DIEGO CALISTO	1492 S. MIAMI AVE., SUITE 203	MIAMI, FL. 33130

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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

6/10/04

Date

305-530-0007

Daytime Phone #

CR2E081 (01/04)