

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JUN -5 AM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113590

1. Corporation Name

MZ PROPERTIES CORP

2. Principal Office Address - No P.O. Box #

2 NE 40 STREET

Suite, Apt. #, etc

SUITE 204

City & State

MIAMI, FL

Zip

33137

Country

U.S

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2001

5. FET Number

731659690

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

MARIA SANCHEZ DE VARONA

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

2 NE 40 STREET

Suite, Apt. #, Etc.

SUITE 204

City

MIAMI

State

FL

Zip Code

33137

DC
6-5-13

Reinst. 2009-2013

100248625901

06/05/13--01036--004 **1350.00

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

REGISTERED AGENT MUST SIGN

Date 5/30/2013

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
D	MONICA ZERPA	2 NE 40 STREET SUITE 204	MIAMI, FL 33137

10. E-mail Address: RAUL@THESOLUTIONGROUP.NET

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/2013

Date

305-438-1259

Daytime Phone #