

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 16 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000113590

1. Corporation Name

MZ PROPERTIES CORP.

REINSTATEMENT 02-03

2. Principal Office Address

1320 SOUTH DIXIE HWY.

3. Mailing Office Address

1320 SOUTH DIXIE HWY.

Suite, Apt. #, etc.

280

Suite, Apt. #, etc.

280

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

Zip

33146

Country

USA

Zip

33146

Country

U.S.A.

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

5. FEI Number

73 165 9690

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAUL J. SANCHEZ DE VARONA

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

1320 SOUTH DIXIE HWY.

Suite, Apt. #, Etc.

280

City

CORAL GABLES

State

FL

Zip Code

33146

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 **APRIL 29, 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
D	MONICA ZERPA	1320 SOUTH DIXIE HWY. SUITE 280	CORAL GABLES, FL. 33146

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

4.29.03

Date

305 667 7733

Daytime Phone #

CR2E081 (10/02)

5/22