

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 27 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701000118396

1. Corporation Name

ZIZI INC

2. Principal Office Address

3590 S. STATE RD 7 #35

Suite, Apt. #, etc.

#35

City & State

MIRAMAN FL

Zip

33325

Country

USA

3. Mailing Office Address

3590 S. STATE RD 7 #35

Suite, Apt. #, etc.

#35

City & State

MIRAMAN FL

Zip

33325

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2001

5. FEI Number

02-0546051

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

DELMER ADLER

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

3590 S. STATE RD 7

Suite, Apt. #, Etc.

#35

City

MIRAMAN

900035735259
05/07/04--01022--015 **58.75

900035735259
05/07/04--01022--016 **500.00

900035735259
05/07/04--01022--017 **500.00

State

FL

Zip Code

33023

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

Delmer Adler

REGISTERED AGENT MUST SIGN

Date 04/26/04

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
P	DELMER ADLER	3590 S. STATE RD 7 #35	MIRAMAN FL 33023

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:

Delmer Adler DELMER ADLER 04/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)