

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120086

1. Corporation Name

ZMZ HOLDINGS, INC.

2. Principal Office Address

6550 150th AV. N.

Suite, Apt. #, etc.

STE. J211

City & State

CLEARWATER FL.

Zip

33760

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/01

5. FEI Number

59-376-1438

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

MARC ALBINO

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

6550 150th AV. N. #J211

Suite, Apt. #, Etc.

J211

City

CLEARWATER

State

FL

Zip Code

33760

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/19/03

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
PSTM	SAINABA ALBINO	<u>6550 150th AV. N. #J211</u> ³³⁷⁶⁰ <u>CLWTR. FL.</u>	<u>CLWTR. FL. 33760</u>
VD	MARC ALBINO	<u>6550 150th AV. N. #J211</u>	<u>CLWTR. FL. 33760</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/03 (808)429-1169

Daytime Phone #

CR2E081 (10/02)

71

11/19/03

To Whom It may Concern,

It has come to our attention that our Corporation, Doc. # PO1000120086, has been dissolved for not filing an Annual Report. We would like to inform you that we never received an annual report form for the year 2003.

We therefore have enclosed with this letter the proper Corporation Reinstatement form and fee of \$150.00. We ask that you please waive the reinstatement fee and reinstate this Corporation. Thank you for your attention.

Sincerely,



MARC ACBINO, V.P.

(808) 429-1169