

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000027308

1. Corporation Name

ZAMORA ACCOUNTING TAX CONSULTANTS INC

2. Principal Office Address

3383 NW 7th ST

Suite, Apt. #, etc.

304

City & State

Miami, FL.

Zip

33125

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

B-04

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

3/12/02

5. FEI Number

75-3032015

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

Carlos Zamora

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

3383 NW 7th St Suite #304 300033093893

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33125

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

4/16/04

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	CARLOS ZAMORA	3383 NW 7th St Suite #304	Miami, FL 33125
VP	BETTY ZAMORA	3383 NW 7th St Suite #304	Miami, FL 33125

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

Date

4/16/04 (205) 823 0486

Daytime Phone #

CR2E081 (10/02)

PS 2002

Untitled

APRIL, 16, 2004

DEPARMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES ST
TALLAHASSEE, FL. 32399

REF: ZAMORA ACCOUNTING TAX CONSULTANT INC
P# 02000027308

THE PURPOSE OF THIS LETTER IS TO LET YOU KNOW THAT I,
ZAMORA ACCOUNTING TAX CONSULTANT INC HAVENT BEEN ABLE,
TO MAIL TO YOU THE UBR TO FACT, THAT UP TO THE ABOVE DATE,
I HAVE NOT RECEIVE YOUR FORM TO EXECUTE IT.

I DO APOLOGY, FOR NOT WRITING YOU ERLIER, BUT I WAS
WAITING FOR THE MAIL

RESPECTFULLY YOURS



ZAM INTERNATIONAL CORP.
CARLOS ZAMORA