

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 26 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000054676

1. Corporation Name

Zeeba & Associates, Inc

2. Principal Office Address

9611 S.W. 79 Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33173

Country

USA

Zip

Country

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

May 14, 2002

5. FEI Number

01-0698993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Zeeba Rasheed

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

9611 S.W. 79 Street

Suite, Apt. #, Etc.

City

Miami, Fla

State

FL

Zip Code

33173

000031202500

03/26/04--01016--001 **301.00

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

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
Pres	Zeeba Rasheed	9611 S.W. 79 Street	Miami, Fla. 33173

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

5-28-04

Daytime Phone #

305-754-4200

CR2E001 (01/04)

282

Date: March 24th, 2004

Florida Dept of State
Division of Corporations
Reinstatement section
P.O.Box 6327
Tallahassee, Florida 32314
Subject: Request for penalty waiver.

Dear Sir/ Madam,

I did not receive notice of annual report.-I am requesting to waive the penalty for the corporation Zeeba & Associates, Inc. Document # P02000054676. Please kindly accept my fee of \$300.00 (2003 & 2004) and send me my reinstatement of my Corporation---Zeeba & Associates, Inc.

Sincere Thanks,



Zeeba Rasheed
9611 S.W.79 Street
Miami, Florida 33173
305-754-4200
305-595-7326