

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000069795

1. Corporation Name

ZENICA INVESTMENT, CORP.

Principal Place of Business

Mailing Address

780 NW 42ND AVE., SUITE 420
MIAMI, FL 33126

780 NW 42ND AVE., SUITE 420
MIAMI, FL 33126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ABLAN, JESUS	780 NW 42ND AVE., SUITE 420	MIAMI FL 33126
D	PORRAS, ANAYANSY	780 NW 42ND AVE., SUITE 420	MIAMI FL 33126
D	ABLAN, ALEXIS	780 NW 42ND AVE., SUITE 420	MIAMI FL 33126
D	ABLAN, ELIZABETH	780 NW 42ND AVE., SUITE 420	MIAMI FL 33126
D	VILLAROEL, GUILLERMO	780 NW 42ND AVE., SUITE 420	MIAMI FL 33126

8. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A
780 NW 42ND AVE., SUITE 420
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name
Jesus Ablan
Street Address (P.O. Box Number is Not Acceptable)
Zenica Investment Corp
Suite, Apt. #, Etc.
1580 Sawgrass Corporate
City
Parkway, Suite 130
State
FL
Zip Code
33323

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Anayansy Porras

REGISTERED AGENT MUST SIGN

Date

OCT-20-03

11. 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:

Anayansy Porras

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OCT-20-03

Daytime Phone #

CR2E040 (7/03)