PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -8 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000070730

1. Corporation Name
Z-SPACE, INC.

501 NE 13 Street
501 NE 13 Street

2. Principal Office Address	3. Mailing Office Address
501 NE 13 Street	501 NE 13 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33304 Country: USA	Zip: 33304 Country: USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 6/26/2002

5. FEI Number 04369494 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Peter M. Zakas

Street Address (P.O. Box Number is Not Acceptable)
501 NE 13th Street

Suite, Apt. #, Etc.

City: Fort Lauderdale | State: FL | Zip Code: 33304

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

Signature of Registered Agent: _____ Date: _____
REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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
Pres.	Peter M. Zakas	501 N.E. 13th Street	Ft. Lauderdale, FL 33304
VP-	Peter M. Zakas	501 N.E. 13th Street	Ft. Lauderdale, FL 33304
Sec.	Peter M. Zakas	501 N.E. 13th Street	Ft. Lauderdale, FL 33304
Dir.	Peter M. Zakas	501 N.E. 13th Street	Ft. Lauderdale, FL 33304
		800041730948 10/08/04--01062--005 **43.75	

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: _____ 9/30/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Law Offices of
JOEL R. LAVENDER, P.A.
507 Southeast 11th Court
Fort Lauderdale, Florida 33316

(954) 522-5101 Fax (954) 523-1221

October 5, 2004

Secretary of State, State of Florida
409 E. Gaines Street
Tallahassee, FL 32399

Re: Corporate Reinstatement - Z-Space, Inc.

Gentlemen:

Enclosed please find my client's application for Reinstatement of Corporation, together with their check in the amount of $943.75, which cover your fee for same.

If you have any questions, or if there are any other items needed, please contact the undersigned immediately.

Very truly yours,

Joel R. Lavender, Esq.
JRL:sls
Enclosures