

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 MAY -2 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA100102644391
05/16/07--01037--005 **450.00REINSTATEMENT
CR25081 (1/07) 05-07

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 02000079784

1. Corporation Name

ZENOB ACQUISITIONS, CORP.

2. Principal Office Address (No P.O. Box #) 10012 S.W. 27 Terr	3. Mailing Office Address 10012 S.W. 27 Terra
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Fl.City & State
Miami, Fl.Zip
33165Country
U. S. A.Zip
33165Country
USA

7. Name and Address of Current Registered Agent

Name
Hernando Hernandez

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

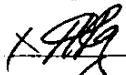
10012 S.W. 27th Terrace

Suite, Apt. #, Etc.

City
MiamiState
FLZip Code
331654. Date incorporated or Qualified
To Do Business in Florida5. FEI Number
55-0788342Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived

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 4/26/07

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City (State / Zip)
Pres	Hernando Hernandez	10012 S.W. 25 Terrace	Miami, Florida 33165

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 1107 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 contained in Chapter 110, 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: 

HERNANDO HERNANDEZ PRES.

4/26/07 (305) 442-5093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone