




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  06 OCT 25 AM 11:10  TOLSON ARY OF STATE TALLAHASSEE, FLORIDA  <b>REINSTATEMENT</b>  CR2E081 (12/05)	
<b>DOCUMENT #</b> P02000100709				
<b>1. Corporation Name</b>  ZETFRAME INC.				
<b>2. Principal Office Address</b> 23089 Suite, Apt. #, etc. MARSH LANDING City & State BONITA SPRINGS, FL Zip 33928 Country USA		<b>3. Mailing Office Address</b> 23089 Suite, Apt. #, etc. MARSH LANDING City & State BONITA SPRINGS FL Zip 33928 Country USA		
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 09/16/2002		<b>5. FEI Number</b> 020642565 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				
<b>7. Name and Address of Current Registered Agent</b> Name: Roman Zet Street Address (P.O. Box Number is Not Acceptable): 23089 Marsh Landing Suite, Apt. #, Etc.: City: BONITA SPRINGS State: FL Zip Code: 33928				
<b>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.</b> Signature of Registered Agent:  Date: 10/21/2006 REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
D	Roman Zet	23089 Marsh Landing	Bonita Springs FL 33928	
			400081208064 10/25/06--01066--007 **500.00	
			400081208064 10/25/06--01066--008 **400.00	
<b>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 contained in Chapter 119, 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.</b>				
<b>SIGNATURE:</b> ROMAN ZET 		Date: 10/21/2006 (339) 7701102		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		

As per telephone conversation with Mr. Zet

2/10/30