

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 NOV -7 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105582

1. Corporation Name

ZAMORA GONZALEZ INVESTMENTS CORP.

Principal Place of Business

332 SW 3 AVE
FLORIDA CITY FL 33034

Mailing Address

332 SW 3 AVE
FLORIDA CITY FL 33034

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

10625 SW 296th Street

Homestead, FL

33033

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/2002

5. FEI Number

41-2062174

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
P	ZAMORA, SAUL	32 SW 3 AVE	FLORIDA CITY FL 33034
V	GONZALEZ, LESBIA	32 SW 3 AVE	FLORIDA CITY FL 33034

8. Name and Address of Current Registered Agent

ZAMORA, SAUL
32 SW 3 AVE
FLORIDA CITY FL 33034

9. Name and Address of New Registered Agent

Name

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

10625 SW 296th Street

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33033

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

REGISTERED AGENT MUST SIGN

Date

10/28/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/03

Daytime Phone #

CR2E040 (7/03)

To Whom It May Concern:

I am writing to seek the reinstatement of this corporation. Enclosed, find a check for payment in the amount of **\$150.00** to cover for the reinstatement.

The reason why this expired is because we recently change address. The situation has now been rectified, please accept my apologies.

Please direct all future correspondence to:

Zamora Gonzalez Investments Corp.
- 16625 SW 296th Street
Homestead, FL 33033

Thank you for your prompt attention.

Sincerely,


Saul Zamora, President