

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 12 PM 1:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000111757

1. Corporation Name

ZULITA CORPORATION

700028152187
02/20/04--01028--026 **150.00

REINSTATEMENT 03-09

2. Principal Office Address

1111 Kane Concourse

3. Mailing Office Address

1150 Kane Concourse

Suite, Apt. #, etc.

Suite 401

Suite, Apt. #, etc.

2nd Floor

City & State

Bay Harbor Islands, FL

City & State

Bay Harbour Islands, FL

Zip

33154

Country

USA

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2002

5. FEI Number

45-0498918

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUAN CARLOS DELANEY

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

20507 NE 9 PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33179

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 1/30/04

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
P	Ighal Goldfarb	1150 Kane Concourse 2nd Floor	Bay Harbor Islands, FL 33154
D	Diego Goldfarb	1150 Kane Concourse 2nd Floor	Bay Harbor Islands, FL 33154

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/04 305-868-8203

CR2E081 (10/02)