

2006 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P02000134264 1. Entity Name ZINOX CORP. |  |
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FILED

06 OCT -5 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 9804 SW 159 PATH MIAMI, FL 33196 | Mailing Address 9804 SW 159 PATH MIAMI, FL 33196 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



REINSTATEMENT

(11/05) *Jo*

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| 4. FEI Number 01-0762003 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | 7. Name and Address of New Registered Agent Name: GUIDO ALVAREZ Street Address (P.O. Box Number is Not Acceptable): 9804 S.W. 159 Path City: Miami FL Zip Code: 33196 |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Guido Alvarez* (NOTE: Registered Agent signature required when reinstating) DATE: _____

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE: PD NAME: PAZ, DIEGO <input type="checkbox"/> Delete STREET ADDRESS: 9804 S.W. 159 PATH CITY-ST-ZIP: MIAMI, FL 33196 | TITLE: V NAME: ALVAREZ, GUIDO <input type="checkbox"/> Delete STREET ADDRESS: 9804 S.W. 159 PATH CITY-ST-ZIP: MIAMI, FL 33196 |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 700090719567 STREET ADDRESS: 10/11/06--01021--010 CITY-ST-ZIP: **150.00 | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Guido Alvarez* Date: *Oct 4, 2006* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel OCT - 5 2006