


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -6 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # P03000021368 1. Entity Name ZOO TWO, INC. |  |
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| Principal Place of Business 2151 WILTON DRIVE WILTON MANORS, FL 33305 US | Mailing Address 2151 WILTON DRIVE WILTON MANORS, FL 33305 US |
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|---|---|
| 2. Principal Place of Business <i>2151 Wilton DR</i> | 3. Mailing Address <i>2151 Wilton DR</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---|---------------------------|
| City & State <i>Wilton Manors FL</i> | City & State <i>FL</i> |
| Zip <i>FL</i> | Country |

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| 6. Name and Address of Current Registered Agent HOLLAND, PAUL 2151 WILTON DRIVE WILTON MANORS, FL 33305 | 7. Name and Address of New Registered Agent Name <i>Ralph Flores</i> Street Address (P.O. Box Number is Not Acceptable) <i>670 Kensington Place</i> City <i>FL</i> Zip Code <i>33305</i> |
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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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>11-3-06</i> |

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| FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HOLLAND, PAUL 2115 N OCEAN BLVD #170 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>President</i> <i>Ralph Flores</i> <i>670 Kensington Place</i> <i>FL 33305</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>171 Lauderdale</i> <i>FL 33305</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>[Signature]</i> DATE <i>11-3-06</i> DAYTIME PHONE # <i>954 873-3889</i> |

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11/7/06

2/2

November 2, 2006

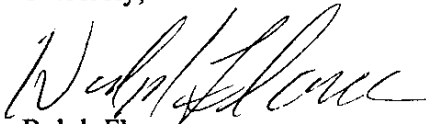
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern:

Re: Document #P03000021368

We did not receive the 2006 post card notice because the address and officer had changed. Please waive the \$600.00 penalty fee.

Sincerely,



Ralph Flores