



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SEN. J. DIVISI 06 OCT -5 PM 2:48	
DOCUMENT # P03000023816					
1. Corporation Name Zepeda Holdings Inc.					
2. Principal Office Address 1500 San Remo Ave		3. Mailing Office Address 406000042707		REINSTATEMENT CR2E081 (12/05) <u>04-06</u>	
Suite, Apt. #, etc. Suite 248		Suite, Apt. #, etc.			
City & State Coral Gables, FL		City & State			
Zip 33146	Country	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida					
5. FEI Number 27-0052729				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Pablo R. Bared, Esq.					
Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue					
Suite, Apt. #, Etc. Suite 248					
City Coral Gables				State FL	Zip Code 33146
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 _____ Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
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		
D	Zepeda, Enrique	1500 San Remo Ave	Coral Gables, FL. 33146		
D	Zepeda, Maria Carmen	1500 San Remo Ave	Coral Gables, FL. 33146		
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.					
SIGNATURE 		Enrique Zepeda, Director		305-666-6010 x 12	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	