

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUL 21 AM 10:22

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # 803000070124

1. Corporation Name

Z & L SECURITY OF AMERICA, CORP.

*Handwritten initials*

REINSTATEMENT

CR2E081 (12/05)

04-06

2. Principal Office Address

3491 SW 23RD STREET

3. Mailing Office Address

3491 SW 23RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33145

Country

Zip

33145

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

33-1062707

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

ZONIA MANZANO

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

3491 SW 23RD STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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

*Zonia Manzano*

REGISTERED AGENT MUST SIGN

Date

7/19/06

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	ZONIA MANZANO	3491 SW 23RD STREET	MIAMI, FL 33145
VP	LUIS GOICOCHEA	3491 SW 23RD STREET	MIAMI, FL 33145
D	FRANCISCO A. VALDES	3491 SW 23RD STREET	MIAMI, FL 33145

300078224033  
08/01/06--01039--015 \*\*450.00

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:

*Zonia Manzano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/19/06

Daytime Phone #

2 of 2

**Z & L SECURITY OF AMERICA, CORP.**  
**3491 SW 23<sup>RD</sup> STREET**  
**MIAMI, FL 33145**  
**PH# 786-326-3595**

July 19, 2006

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Attn: Reinstatement Department

Subject: **Z & L SECURITY OF AMERICA, CORP.**

To Whom It May Concern:

Please be advise that my corporation have not filed the annual reports with your office due to an error in the address. I am enclosing the fees of \$150.00 per year as required by law to have my corporation reinstated.

I am kindly requesting that your office please waive the reinstatement fee and or any fees that could be associated.

Your prompt response to my request will be greatly appreciated.

Sincerely,

  
Zonia Manzano, President