

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 15 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000074941

1. Corporation Name

ZECO CORPORATION

2. Principal Office Address

24532 SW 108TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

24532 SW 108TH AVE

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

HOMESTEAD, FL

Zip

33032

Country

Zip

33032

Country

4. Date Incorporated or Qualified
To Do Business in Florida

YES

5. FEI Number

51-0472952

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

TAX DEFENSE CENTER, INC

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

2350 W 84TH STREET

Suite, Apt. #, Etc.

#18

City

HIALEAH

State

FL

Zip Code

33016

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.

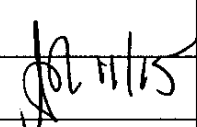
Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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	ANUBIS ORTIZ	24532 SW 108TH AVE	HOMESTEAD, FL 33032
			
			200061439502 11/15/05--01046--008 **200.00

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 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

11/7/05

Date

305-825-2500

Daytime Phone #

Zeco Corporation
24532 sw 108th Avenue
Homestead, FL 33032
Tel# 786-399-1469

November 7th, 2005

Department of State
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is to inform you that **Zeco Corporation.doc# P03000074941** never received the renewal for the annual report for 2004. I was not aware I had to renew the corporation every year. Attached you will find the payment for 2004 and 2005.

Can you accept my apologies for over looking this issue and please accept my check to activate my corporation.

My address is on top of this letter I apologies for this inconvenience. If you have any questions please call me at the number above.

Sincerely



Anubis Ortiz
President