

2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05
FILED
05 AUG 11 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000157831 1. Entity Name ZELFI PROPERTIES INC.			
Principal Place of Business 16317 EAST COURSE DRIVE TAMPA, FL 33634		Mailing Address 16317 EAST COURSE DRIVE TAMPA, FL 33634	
2. Principal Place of Business 3305 E. Hillsborough Ave. Suite, Apt. #, etc.		3. Mailing Address 3305 E. Hillsborough Ave. Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33610	Country USA	Zip 33610	Country USA
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, DENNIS J 16317 EAST COURSE DRIVE TAMPA, FL 33634		7. Name and Address of New Registered Agent Name Felipe J. Martucci Street Address (P.O. Box Number is Not Acceptable) 3305 E. Hillsborough Ave. City Tampa FL Zip Code 33610	
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> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 8-8-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete NAME CAMPBELL, DENNIS J STREET ADDRESS P.O. BOX 17203 CITY-ST-ZIP TAMPA, FL 336827203	TITLE Felipe J. Martucci - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 3305 E. Hillsborough Ave STREET ADDRESS Tampa, FL 33610 CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE Vice president <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Rafael Infante, Jr. STREET ADDRESS 3305 E. Hillsborough Ave. CITY-ST-ZIP Tampa, FL 33610
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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 8-8-05 <small>Daytime Phone #</small>	