

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
2005 ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -8 PM 2:00

DOCUMENT # P0400002872/

1. Corporation Name

M. Zelaya, INC.

2. Principal Office Address

11724 S. STONE LN

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

RIVERVIEW

City & State

Zip

33569

Country

HILLSBOROUGH

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/5/04

5. FEI Number

51-0500234

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

RAIHA PEREZ

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

4023 W. WATERS AVE

Suite, Apt. #, Etc.

14

City

TAMPA FL 33614

State

FL

Zip Code

33614

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/4/05

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
PRES	MARCOS ZELAYA	11724 S. STONE LN	RIVERVIEW FL 33569
V. Pres	VICTOR MESA	2505 N. Glen Ave	TAMPA FL 33607
Superior	JOEL MESA	7237 MAYIE AVE	TAMPA FL 33614

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/05
Date

Daytime Phone #

CR2E081 (01/05)