PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
06 OCT 23 AM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/05)

DOCUMENT # P04000034825

1. Corporation Name

3ZING, INC.

2. Principal Office Address	3. Mailing Office Address
901 S FEDERAL HWY	901 S FEDERAL HWY
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102
City & State FT LAUDERDALE, FL	City & State FT LAUDERDALE, FL
Zip 33316 Country US	Zip 33316 Country US

4. Date Incorporated or Qualified To Do Business in Florida 02/23/2004

5. FEI Number 20-0806045 ☐ Applied For ☐ Not Applicable

7. Name and Address of Current Registered Agent

Name: AL M. ZINGALES

Street Address (P.O. Box Number is Not Acceptable): 901 S FEDERAL HWY

Suite, Apt. #, Etc.: #102

City: FT LAUDERDALE State: FL Zip Code: 33316

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 X _____ AL M. ZINGALES Date 10-20-2006

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
D	AL M. ZINGALES	901 S FEDERAL HWY #102	FT LAUDERDALE FL 33316

100091629911
11/08/06--01032--005 **300.00

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: X _____ AL M. ZINGALES 10-20-2006 954 474 4108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DATE: 10-20-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: 3ZING, INC.
AL M. ZINGALES

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 954 474 4108.

THANKS,

3ZING, INC.
AL M. ZINGALES