

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 21 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000079997

1. Entity Name  
ZAYAS MILETI ENTERPRISES, INC.



Principal Place of Business  
17341 EMERALD CHASE DRIVE  
TAMPA, FL 33647

Mailing Address  
17341 EMERALD CHASE DRIVE  
TAMPA, FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10182005

REIN-P

CR2E098 (6/04)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAYAS, EGBERTO  
17341 EMERALD CHASE DRIVE  
TAMPA, FL 33647

Name

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

City

FL

Zip Code

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 ☒

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-18-05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PVD ☐ Delete  
NAME ZAYAS, EGBERTO  
STREET ADDRESS 17341 EMERALD CHASE DRIVE  
CITY-ST-ZIP TAMPA, FL 33647

TITLE STD ☐ Delete  
NAME ZAYAS, JOSEPHINE M  
STREET ADDRESS 17341 EMERALD CHASE DRIVE  
CITY-ST-ZIP TAMPA, FL 33647

TITLE VD ☐ Delete  
NAME ZAYAS, NELMARIE  
STREET ADDRESS 17341 EMERALD CHASE DRIVE  
CITY-ST-ZIP TAMPA, FL 33647

TITLE VD ☐ Delete  
NAME ZAYAS, GABRIEL  
STREET ADDRESS 17341 EMERALD CHASE DRIVE  
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100060855661  
CITY-ST-ZIP 10/21/05--01029--012 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-05

10/25/05