

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000081093

Entity Name: ZONE INTERNATIONAL MIAMI, INC.

FILED  
Dec 14, 2006  
Secretary of State

## Current Principal Place of Business:

5425 NW 82ND AVE  
MIAMI, FL 33166

## New Principal Place of Business:

8625 NW 54 ST  
DORAL, FL 33166

## Current Mailing Address:

5425 NW 82ND AVE  
MIAMI, FL 33166

## New Mailing Address:

8625 NW 54 ST  
DORAL, FL 33166

FEI Number: 20-1156424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GULLY, FIRAS D  
5425 NW 82ND AVE  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

GULLY, FIRAS D  
8625 NW 54 ST  
DORAL, FL 33166 US

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.

SIGNATURE: FIRAS D GULLY

12/14/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: GULLY, FIRAS D  
Address: 5425 NW 82ND AVE  
City-St-Zip: MIAMI, FL 33166

Title: VP ( ) Delete  
Name: MAYA, WILLIAM O  
Address: 5425 NW 82ND AVE  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: GULLY, FIRAS D  
Address: 8625 NW 54 ST  
City-St-Zip: DORAL, FL 33166

Title: VPS (X) Change ( ) Addition  
Name: CABRERA, GLORICEL  
Address: 8625 NW 54 ST  
City-St-Zip: DORAL, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FIRAS D GULLY

P

12/14/2006

Electronic Signature of Signing Officer or Director

Date