2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000079902 06 NOV -6 PM 2: 23 1. Entity Name ZETAX., CORP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5012 MILLENIA BLVD - STE 303 5012 MILLENIA BLVD STE 303 ORLANDO, FL 32959 ORLANDO, FX 32839 2. Principal Place of Business Mailing Address 0512 DEMILON 10512 DEMILO ite, Apt. #, etc 11012006 204 REIN-P CR2E098 (11/05) нрто & State 4. FEI Number 2953426 Applied For れ た CANDO LANDO Not Applicable Country OLANGE \$8.75 Additional ORANGE J8396 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Zarci M COTIAS, ZARCI M 5012 MILLENIA BLVD - STE 303 ORLANDO FL 22839 ^{zin}c%336)a brain Œ 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 the obligations of registered SIGNATURE ed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Cotias, Zarci TITLE ☐ Delete TITLE Change ☐ Addition COTIAS, ZARCI M NAME NAME 10512 DemiloPlace 5012 MILLENIA BLVD - STE 303 STREET ADDRESS STREET ADDRESS OPLANDO, FL 32839 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME 11/14/05--01083-70071 STREET ADDRESS STREET ADDRESS **300.00 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 ustee 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #

APPROVEL

ZETAX., CORP.

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TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2006 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

PLEASE MAKE NOT OF OUR NEW ADDRESS.

CORDIALLY