

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000083025

1. Corporation Name

Z & Z CAPITAL CORP.

2. Principal Office Address - No P.O. Box #

814 PONCE DE LEON BLVD

Suite, Apt. #, etc.

519

City & State

CORAL GABLES

Zip

33134

Country

U.S.A.

3. Mailing Office Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/2005

5. FEI Number

202999676

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

JOEL ZALDIVAR

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

814 PONCE DE LEON BLVD STE 519

Suite, Apt. #, Etc.

519

City

CORAL GABLES

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date

6/24/08

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
P/D	ZAZSHAH M. ZALDIVAR	16905 SW 192 ST	MIAMI, FL 33187
P/D	ZULLY ZALDIVAR	16905 SW 192 ST	MIAMI, FL 33187
P/D	JOEL ZALDIVAR	1231 CAMPO SANO AVE	CORAL GABLES, FL 33146

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: JOEL ZALDIVAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/24/08

Date

786-302-1111

Daytime Phone #