PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations					FILED 09 APR 16 AM 9: 06	
					PRODUCTERY OF STATE	
DOCUMENT # P05000160974 1. Corporation Name				1	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ZOOF RENTAL INC						
2. Principal C	Office Address - No P.O. Box #	_	3. Mailing Office Address		D 0150709739 6/0901046019 **600.00	
8514 PA	ALM HARBOR DRIVE	8514 PALM HARBOR DRIVE		CR2E081 (12/08)		
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida	
City & State		City & State			5. FEI Number Applied For	
KISSIMMEE, FL		KISSIMMEE, FL		Not Applicable		
Zip 34747	Country USA	34747	Country USA	6. CERTIFICATE	S8.75 Additional Fee required for a Certificate of Status	
	7. Name and Address o	f Current Registered Age	ent			
Name ZHAO RONG WU					☑ The reinstatement fee is imposed, except in	
Street Address (P.O. Box Number is Not Acceptable) 8514 PALM HARBOR DRIVE				circumstances which the entity did not receive the prior notices. By checking this box, you		
Suite, Apt. #, Etc.					are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
City State Zip Code 44747						
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 Ag	Date 4/11/09					
Signature of Registered Agent X Sluw Wn REGISTERED AGENT MUST SIGN Date 4/e1/0 9						
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 Z	ZHAO RONG WU		85/4 PALM HARBOR DRIVE		KISSIMMEE, FL 34747	
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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: ///						
i	SIGNATURE AND ITTED OR PR	ARTED NAME OF SIGNING O	AFFICER OR DIRECTOR		Date Daytime Phone #	